UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF INDIANA HAMMOND DIVISION

ANGELO XIDIAS and ROULA XIDIAS,)
Plaintiffs,)
) Case No.
VS.)
)
UNITED STATES OF AMERICA, UNITED)
STATES POSTAL SERVICE and) PLAINTIFF DEMANDS
LINDA R. EVANS,) TRIAL BY JURY
)
Defendants.)

COMPLAINT

NOW COMES the Plaintiffs, Angelo Xidias and Roula Xidias, by and through their attorneys, Koransky Bouwer & Poracky, P.C., and complaining of the Defendants, the United States of America (hereinafter "USA"), the United States Postal Service ("USPS"), and Linda R. Evans ("Evans"), state as follows:

DEFENDANT PARTIES

- 1. Defendant, USA, at all times relevant hereto, had within its domain, custody and control over a federal agency, the United States Postal Services (hereinafter the "USPS") and all of their agents, servant, workers, employees and/or other representatives, when acting within the scope of their employment.
- 2. The USPS is an independent agency of the executive branch of the United States federal government which is operated by a Board of Governors, the Postmaster General, and the Deputy Postmaster General. The USPS is explicitly authorized to conduct business by the United States Constitution. However, the USPS does not operate using taxpayer money, but rather operates from revenues from mail and package delivery and other miscellaneous services.

- 3. Defendant, Evans, is an adult individual who at all times relevant herein, was acting within the course and scope of her employment and in furtherance of the business activities of the USPS.
- 4. USA, USPS, and Evans are collectively referred to as the Defendants hereinafter. Other references are made as to the USA and USPS together having responsibility for all of the operational and management aspects of the USPS and their combined agents, servants, workers, employees and/or other representatives, specifically, Evans.

JURISDICTION AND VENUE

- 5. This Court has jurisdiction pursuant to 28 U.S.C. §1346(b).
- 6. Venue is proper in this district pursuant to 28 U.S.C. 1391(e).
- 7. This matter arises from an auto accident with USPS driver, Evans on January 20, 2020. The Plaintiffs submitted the requisite Form 95 signed and verified to the USPS setting forth their damages (see "Exhibit A" hereto, January 20, 2020 initial claim), and the USPS responded on January 29, 2020, indicating it could not accept the claim (see "Exhibit B" hereto, January 29, 2020 USPS Response). The Plaintiffs subsequently submitted two Amended Claims to USPS on July 9, 2020 and July 10, 2020, but to date USPS has not allowed the Amended Claim (see "Exhibit C" and "Exhibit D" hereto, Amended Claims of July 9, 2020 and July 10, 2020, respectively). The Plaintiffs have satisfied all procedural prerequisites to suit by timely submitting their claim to the USPS, which has denied their claim to date.

COUNT 1 - NEGLIGENCE ANGELO XIDIAS and ROULA XIDIAS VS. USA and LINDA R. EVANS

8. Defendants, USA and USPS, have their principal postal facility for the area of where the accident occurred with a location at 303 Washington Street, Michigan City, IN 46360.

- 9. On or about November 11, 2019, Angelo Xidias was driving a vehicle in which Roula Xidias was a passenger. The Plaintiffs vehicle was traveling on or about U.S. 35 in LaPorte County, Indiana, when a vehicle of the Defendants, USA and USPS, driven by and through their agent, servant, worker, employee and/or other representative, specifically, Evans, caused an accident with the Xidias vehicle, by crossing the center line, traveling at a speed far above then existing conditions, then proceeded to drive into the Xidias vehicle's lane viciously striking the Xidias vehicle and its occupants.
- 10. The Defendants, USA and USPS in the operation of their postal vehicle by and through their agent, servant, worker, employee and/or other representative, specifically, Defendant Evans, jointly and severally, were negligent, careless, and reckless, generally and in the following particular manners:
- a. Operating or allowing said postal vehicle to be operated at an excessive rate of speed;
- b. Failing to have said postal vehicle under proper and adequate control at the time of the accident;
- c. Operating said postal vehicle in a negligent, careless, and reckless manner without due regard for the rights, safety, and position for other persons lawfully upon the highway, such as the Plaintiffs herein;
- d. Failure to give proper and sufficient warning of said postal vehicle's approach;
- e. Failure to use a braking and/or steering apparatus properly as to the postal vehicle;

- f. Failure to remain attentive, to keep a proper lookout, and make proper observations in the operation of the postal vehicle;
- g. Failing to maintain said postal vehicle free from any and all mechanical defects or problems resulting from a lack of preventative and general required maintenance;
- h. Violating the local ordinances and statutes relating to the operation, maintenance, and control of the postal vehicle while operating in the state of Indiana;
 - i. Driving the postal vehicle unsafely;
 - j. Failing to adhere to posted signs and regulations;
- k. Improperly becoming distracted from being able to properly operate said postal vehicle;
- Negligent entrustment of the postal vehicle by Defendants USA and USPS to Defendant, Evans;
- m. Negligent supervision by Defendants USA and USPS as to Defendant, Evans
- n. Failing to maintain an assured clear distance from other vehicles on the roadway;
 - o. Failing to keep a proper lookout; and
- p. Such other acts and/or omissions to act which constitute negligence, carelessness and/or recklessness, as may be learned though discovery proceedings as may be demonstrated by the evidence introduced at the time of trial which is in the exclusive possession and control of the Defendants herein.
- 11. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendants USA and USPS, by and through their agent, servant, worker, employee and/or other

representative, specifically Defendant Evans, as hereinbefore alleged, the Plaintiffs, Angelo Xidias and Roula Xidias, were injured in their vehicle, resulting in injury to their vehicle and bodily and psychological injuries to both Plaintiffs, all or some of which bodily and psychological injuries may be permanent in nature.

- 12. By reason of the negligence, carelessness, and recklessness aforesaid of the Defendants, USA and USPS, by and through their agent, servant, worker, employee and/or other representative, specifically, Defendant, Evans as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias continue to suffer physical and mental impairments necessitating continuing medical treatment, the full extent of which is not yet known. The Plaintiffs Angelo Xidias and Roula Xidias have in the past and may in the future undergo severe pain and suffering, as the result of which in the past and may in the future be unable to attend to their usual duties, occupations, vocations, and enjoyments of life, all to their great loss and detriment.
- 13. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendants USA and USPS by and through their agent, servant, worker, employee, and/or other representative, specifically, Evans, as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias have in the past and may in the future be obligated to receive and undergo medical and psychological attention and care and expend various sums of money, such sums of which may be due and owing to such health care providers.
- 14. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendants USA and USPS, by and through their agent, servant, worker, employee, and/or other representative, specifically, Evans, as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias have in the past and may in the future suffer a severe loss of earnings and/or impairment of earning capacity or earning power, and Plaintiffs Angelo Xidias and Roula Xidias may continue

to suffer such a loss of earnings and/or impairment in earning capacity for an indefinite time in the future.

- 15. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendant USA by and through their agent, servant, worker, employee, and/or other representative, specifically, Evans, as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias has in the past or may hereinafter incur other financial and/or pecuniary expenses and losses which exceed or may exceed in the future amounts which they are otherwise entitled to recover.
- 16. In addition to sustaining "non-economic losses," the Plaintiffs Angelo Xidias and Roula Xidias sustained other pecuniary losses as well as other losses, the full extent of which is not yet known, some or all of which may still be owing.

WHEREFORE, Plaintiffs Angelo Xidias and Roula Xidias demand judgment in their favor and against the Defendants herein, USA, USPS and Linda R. Evans, jointly and/or severally, for damages, both economic and non-economic, in an amount in excess of two hundred fifty thousand dollars (\$250,000.00), an award of punitive damages for the reckless and indifferent misconduct by the Defendants, together with interest, costs of suit, attorney's fees, and all such other and further relief that the Court deems just and appropriate under the circumstances.

COUNT II – LOST CONSORTIUM OF BOTH PLAINTIFFS ANGELO XIDIAS and ROULA XIDIAS VS. USA and LINDA R. EVANS

- 17. Plaintiffs incorporate paragraphs 1 through 16, inclusive, as though the same were hereinafter set forth at length.
- 18. At all times relevant herein, Plaintiffs, Angelo Xidias and Roula Xidias, were the husband and wife of each other, and were and are entitled to the services, companionship, support, assistance, society, comfort, happiness, and other marital expectations of one another.

19. As a direct and proximate result of the aforesaid injuries and losses suffered by the

Plaintiffs, Angelo Xidias and Roula Xidias, they each have been deprived of the services,

companionship, support, assistance, society, comfort, happiness, and other marital expectations

suffered by the Plaintiffs, and such deprivations and impairments may and/or will continue unto

the future all to the great harm and detriment and loss of Plaintiffs Angelo Xidias and Roula Xidias.

WHEREFORE, Plaintiffs Angelo Xidias and Roula Xidias demand judgment in their favor

and against the Defendants herein, USA, USPS, and Linda R. Evans, jointly and/or severally, for

damages, both economic and non-economic, in in excess of two hundred fifty thousand dollars

(\$250,000.00), an award of punitive damages for the reckless and indifferent misconduct by the

Defendants, together with interest, costs of suit, attorney's fees, and all such other and further relief

that the Court deems just and appropriate under the circumstances.

JURY DEMAND

Plaintiffs demand a trial by jury.

Respectfully submitted,

KORANSKY, BOUWER & PORACKY, P.C.

By: /s/ Paul B. Poracky

PAUL B. PORACKY (#10899-45)

425 Joliet Street, Suite 425

Dyer, Indiana 46311

Phone: (219) 865-6700

Email: PPoracky@KBLegal.net

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KORANSKY, BOUWER & PORACKY, P.C.

Attorneys and Counselors at Law

Paul B. Poracky PPoracky@KBLegal.net 425 Joliet Street, Suite 425 Dyer, Indiana 46311

Telephone: 219.865.6700 Facsimile: 219.865.5839

January 20, 2020

By First Class Mail, and
By Certified Mail, Return Receipt Requested
Trina Y. Webb
Tort Claim Coordinator
United States Postal Service - Claims
Greater Indiana District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361

RE: CLAIM FOR DAMAGE, INJURY, OR DEATH

Claimants: Angelo Xidias & Roula Xidias /DOL: November 11, 2019

Dear Mr. Webb:

Please be advised that the undersigned represents Mr. Angelo Xidias and Mrs. Roula Xidias, husband and wife. It is on their behalf that this Claim for Damage, Injury, or Death / FORM OMB NO. 1105-0008, (hereinafter "Claim") is submitted. Thus, as their attorney, I have listed my phone number in the Claim Form itself for communication purposes.

As stated, enclosed is my clients' Claim resulting from a collision on November 11, 2019 due to your employee's, Linda R. Evans, negligence and failure to maintain her USPS vehicle in a safe-like manner. Attached to the Claim are Exhibits A-C of which will aid in your review and supplement the Claim Form.

If somehow, we have failed to include information or attach appropriate paperwork, please contact the undersigned so that it may be supplemented and corrected. Upon your review of the enclosed, please contact me so that we may discuss their matter.

My clients have suffered medical and vehicular damages as a result of your employee, Linda R. Evans. Should I be away from my desk when you call, you may also contact me by email at: pporacky@kblegal.net or ask for my assistant, Suzanne. I look forward to your hearing from you.

EXHIBIT

Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

PBP/sd

Enclosures as noted

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3939 Vincennes Road Indianapolis, IN 46298				Highland, IN 46	5322	
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Narrative

Upon my arrival to the scene, D1 was still in V1. She appeared to be in and out of consciousness. Due to the severity of D1's injuries, I was unable to get a statement. D1 was transported to LaPorte Hospital via LaPorte County EMS.

D2 stated he was traveling southbound on US Highway 35, in the approximate 3800 North block, when he observed V1 start to fishtall. D2 explained V1 was traveling northbound on US 35, D2 advised V1 crossed left of center and slid sideways into his travel lane. D2 stated, due to the snow/slush covered asphalt, he was unable to slow or stop. D2 stated he struck the driver's side of V1 (USPS truck #7205484). After doing so, D2 stated V3 (behind him) struck the passenger side of his vehicle.

D2 complained of chest, neck, and head pain and was transported via LaPorte County EMS to LaPorte Hospital for treatment. D2's passenger also complained of chest pain and was transported to LaPorte Hospital.

D3 stated she was traveling southbound on US 35, behind V2, when she observed V1 cross left of center and into their lane. D3 stated V2 struck V1 which led to her striking the passenger side of V2. D3 stated there was no time for V2 or herself to avoid the crash. D3 stated she was uninjured.

I observed V1's tire marks (in the snow-covered roadway) clearly indicating it had started to fishtall and crossed into the southbound lanes. Digital photographs were taken of the scene and will be submitted.

After clearing the scene. I traveled to LaPorte Hospital. Upon arrival, I was advised by Emergency Room staff D1 had been intubated and possibly sustained internal injuries. They stated she would possibly be flown out, due to the severity of her injuries.

A short while later, I traveled back to the hospital where I was informed D1 was transferred to South Bend Memorial Hospital for treatment.

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EXHIBIT B - WITNESSES

NAME

ADDRESS

- 1. Linda R. Evans
- 2. Angelo P. Xidias
- 3. Roula Xidias
- 4. Gayle L. Farrington
- 5. Any and all Medical Personnel on the scene and/or at the hospital
- 6. Any and all Emergency Personnel on the scene and/or at the hospital
- 7. Any and all treating physicians for all witnesses listed above

MEDICAL BILL SUMMARY FOR ROULA XIDIAS

Provider	Date of Invoice	Amount
La Porte EMS	11/11/19	915.00
La Porte Physician Network - Dr. Conn	12/12/19	114.00
		1,029.00 TOTAL

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 18 of 120

La Porte Physician Metwork

LaPortePhysicianNetwork.com

417 BRIDGE ST. SAP1000686004 OANVILLE, VA 24541-1403



Billing Questions of Credit Card Payments call: 844-578-4328 Hours of Operation 8 00AM-5:00PM CST

Addresses The Control Page 1 of 1

Amount Due Amound Paid Due Date Statement Number 01/18/2020 \$62 45

Le Porte Physician Natwork transitioned to a new software system. You may receive statements from both systems for services provided

Please make checks payable and remit to

կաներ[ելային հիրևիլը բարիրիկին հոյինըիսը հայարարորդ LA PORTE PHYSICIAN NETWORK P.O. Box 74008602 Chicago, IL 60674-8602

Effective, February 1, 2018

Any questions, piesse call 844-576-4928

by La Porte Physicians.

ROULA XIDIAS

HIGHLAND IN 48322-2335

Check if address/insurance changes are on back

Please detach and return top portion with payment.

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	12/28/2019	01/18/2020

Cate	Service Description	Charges	Payments/ Adjustments	Patient Balance
		\$114 00	\$0.00 -851,55	\$ 62. 4 5
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Total Charges:\$114.00 Insurance Payments/Adjustments:-\$51.55 Patient Payments/Adjustments:\$0.00





USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 19 of 120

La Porte County EMS

809 State St., Suite 301A LA PORTE, IN 46350 (219) 326-6808 (219) 325-5566 Federal Tax ID:

Patient Number: Call Number: Date Of Call; From Location: To Location:						
	(n:	surance:				
HCPC	QUANTITY 1.0 4.5 1.0	UNIT PRICE 859.00 12.90 2.00	AMOUNT 859.00 54.00 2.00			
		Total Charges	915.00			
	PLEASE PAY 1	Total Credite ITHIS AMOUNT =>	0.00 \$915.00			
E LINE AND RI	TURN STUB WI	TH YOUR PAYMENTA				
		Amount Due: \$91: Amount Enclosed \$	5.00			
		From I To I HCPC QUANTITY 1.0 4.5 1.0 PLEASE PAY	Call Number: Date Of Cell: From Location: To Location: Insurance: Insurance: HCPC QUANTITY UNIT PRICE 1.0 859.00 4.5 12.00 1.0 2.00 Total Charges Total Credite PLEASE PAY THIS AMOUNT #> ELINE AND RETURN STUB WITH YOUR PAYMENTA Amount Due: \$818			

> PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE
DISREGARD THIS STATEMENT. THANK YOU.

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

MEDICAL BILL SUMMARY FOR ANGELO XIDIAS

Provider	Date of Invoice	Amount
La Porte Clinic Company LLC	11/11/19	565.00
La Porte EMS	11/11/19	654.00
La Porte Hospital	11/11/19	3,124.93
Lake Porter Cardivascular	11/11/19	179.03
Radiology Inc.	11/11/19	402.08
Radiology Inc.	11/11/19	249.12
Radiology Inc.	11/11/19	479.84
		5,654.00 TOTAL

Erio	Insurance	Last Refreshed Date: 5/10/26
正		Cast furnished

Cinimant: ANGELO VIDIAS

ECC Payment Log Exposure: MedPay

Paid: \$6,000

La Porte County EMS

809 State St., Suite 301A LA PORTE, IN 46350 (219) 326-6808 (219) 325-5566 Factoral Tay ID:

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atlent Name: Angelo Xidias	Call	Number: Number: e Of Cail:	
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HIGHLAND, IN 46322	! n	surance:	
DESCRIPTION OF CHARGES Basic Life Support BLS Mileage PUBLIC OUTREACH FEE	QUANTITY 1.0 4.5 1.0	UNIT PRICE 598.00 12.00 2.00	AMOUNT 598.00 54.00 2.00
		Total Charges	654.00
		Total Credits	0.00
	PLEASE PAY	THIS AMOUNT =>	\$654.00
*DETACH ALONG ABOVE LI	NE AND RETURN STUB W	ITH YOUR PAYMENT	

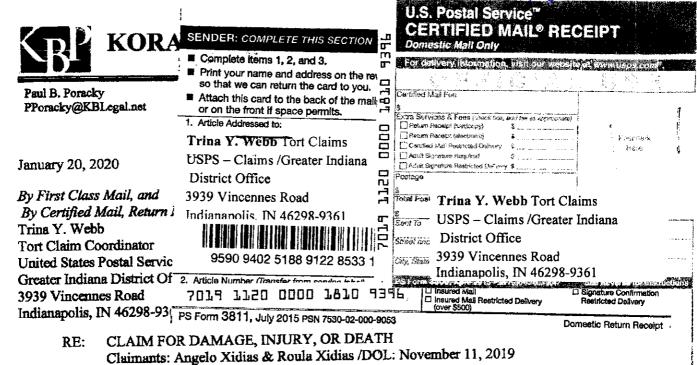
THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT.
> PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE
DISREGARD THIS STATEMENT, THANK YOU.

Patient Name: Xidias, Angelo

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

Amount Due: \$654.00

Amount Enclosed \$ _



Dear Mr. Webb:

Please be advised that the undersigned represents Mr. Angelo Xidias and Mrs. Roula Xidias, husband and wife. It is on their behalf that this Claim for Damage, Injury, or Death / FORM OMB NO. 1105-0008, (hereinafter "Claim") is submitted. Thus, as their attorney, I have listed my phone number in the Claim Form itself for communication purposes.

As stated, enclosed is my clients' Claim resulting from a collision on November 11, 2019 due to your employee's, Linda R. Evans, negligence and failure to maintain her USPS vehicle in a safe-like manner. Attached to the Claim are Exhibits A-C of which will aid in your review and supplement the Claim Form.

If somehow, we have failed to include information or attach appropriate paperwork, please contact the undersigned so that it may be supplemented and corrected. Upon your review of the enclosed, please contact me so that we may discuss their matter.

My clients have suffered medical and vehicular damages as a result of your employee, Linda R. Evans. Should I be away from my desk when you call, you may also contact me by email at: pporacky@kblegal.net or ask for my assistant, Suzanne. I look forward to your hearing from you.

Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

PBP/sd

Enclosures as noted



January 29, 2020

Paul B. Poracky Koransky, Bouwer & Poracky, P.C. 425 Joliet Street, Suite 425 Dyer, Indiana 46311

RE: Your Clients: Angelo Xidias & Roula Xidias / DOL

USPS File No.: 460-20-0045-5308A

Dear Mr. Poracky

I am in receipt of your letter dated January 20, 2020 requesting a property damage settlement for your client. The request as submitted cannot be given consideration at this time because it clearly states that you intend to file a personal injury claim in the future.

The terms of the Federal Tort Claims Act states that you may only make one claim, one time, for the total amount of your damages and you have two years from the date of the accident to file a valid claim. I have no authority to split the property damage and personal injury.

The Federal Tort Claims Act does not allow for the "splitting" of claims. U.S.C.§ 2672 states that acceptance by the claimant of any such award, compromise, or settlement shall be final and conclusive on the claimant, and shall constitute a complete release of any claim against the United States and against the employee whose act or omission gave rise to the claim, by reason of the same subject matter. Furthermore, as noted in the instructions on the SF-95, if a claimant intends to file a claim for both personal injury and property damage, the claim for both must be shown in box number 12 of the SF-95. Therefore, should your client wish to file his property damage claim, solely, without including his personal injury claim, and his property damage claim would get settled, he would be precluded from filing any further claim for personal injury in regard to this incident.



I have enclosed a claim form for your client. Instructions for completion of the claim form are on the reverse side of the form. Any claim arising from common law torts alleged against the United States Postal Service or its employees acting within the scope of their official duties is governed exclusively in accordance with the provisions of the Federal Tort Claims Act. Complete regulations can be found in Title 28, Code of Federal Regulations, Part 14. Prior to the commencement of any civil action you and your client must exhaust all administrative remedies as outlined in 28 U.S. Code, § 2675. Please note your attorney fee in this matter is limited as outlined in 28 U.S. Code, § 2678.

Valid claim submissions will be given fair consideration in accordance with the Federal Tort Claims Act. We look forward to an amicable resolution of this matter.

Sinc@rely.

Tort Claim Coordinator

United States Postal Service Greater Indiana District Office 3939 Vincennes Road Indianapolis, IN 46298-9361 (317) 870-8588

Encl(s): Standard Form 95, claim form

USPS File No.: 460-20-0045-5308B

CLAIM FOR DA INJURY, OR I	•	reverse side and	supply nai she	b: Please read carefully the instructions on the ply information requested on both sides of this sheet(s) if necessary. See reverse side for s.					
1. Submit to Appropriate Federal Agence	Y.			Name, address of claimant, an (See instructions on reverse). I	d claimant's personal	representative if any.			
United States Postal Service Tort Claim Coordinator 3939 Vincennes Road Indianapolis, IN 46298-936				(Sate med ucason to the reverse). I	villages, Sweet, Cay,	Sissis and Life Govern			
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	s	6. DATE AND DAY OF ACCIDEN	r T 7	TIME (A.M. OR P.M.)			
8. BASIS OF CLAIM (State in detail the	known facts and circumstar	nces altending the der	nece in	kary, or death, identifying persons	and property involved	1. the place of occurrence and			
4 .		PROPER	RTY DAI	MAGE					
NAME AND ADDRESS OF OWNER, IF	OTHER THAN CLAIMANT	(Number, Street, City	, State,	and Zip Code).					
(See metructions on reverse side). 10. STATE THE NATURE AND EXTENT OF THE INJURED PERSON OR OECE	DF EACH INJURY OR CAUS EDENT.	PERSONAL INJUI SE OF DEATH, WHIC			FOTHER THAN CLA	MANT, STATE THE NAME			
11.		WIT	NESSE	\$					
NAME				ADDRESS (Number, Street, City	y. State, and Zip Code	e)			
12. (See instructions on reverse).		AMOUNT OF			INT TOTAL (T				
12a. PROPERTY DAMAGE	12b. PERSONAL MUURY		12c. WR	RONGFUL DEATH	forfeiture of you	to specify may cause ir rights).			
I CERTIFY THAT THE AMOUNT OF C FULL SATISFACTION AND FINAL SI	LAIM COVERS ONLY DAI ETTLEMENT OF THIS CLA	MAGES AND INJURI IM.	ES CAU	SED BY THE INCIDENT ABOVE	AND AGREE TO AC	CEPT SAID AMOUNT IN			
135. SIGNATURE OF CLAIMANT (Se	e instructions on reverse eld	e).		136. PHONE NUMBER OF PER	SON SIGNING FOR	14. DATE OF SIGNATURE			
	MALTY FOR PRESENTING RAUDULENT CLAIM			CLAIM OR	TY FOR PRESENTE MAKING FALSE STA	ATEMENTS			
The claiment is liable to the United Sta \$5,000 and not more than \$10,000, pla by the Government. (See 31 U.S.C. 3	us 3 times the amount of dar	enaity of not less than mages austained	1	Fine, imprisonment, or both. (Se	e 18 U.S.C. 287, 100	1.)			

INCHES	ECONTRACT
	E COVERAGE
In order that subrogation of sima may be adjudicated, it is essential that the claimant provides. 15. Do you carry accident insurance? Yes if yes, give name and address of insurance.	
E. Du you cony account insulation	rance company (Number, Street, City, Stale, and Zip Code) and policy number. No
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full con	verage or deductible? Yes No 17. If deductible, state amount.
16. If a claim has been filed with your carrier, what action has your insurer taken or propos	ad to take with reference to your claim? If it recessary that you see than these facts)
	and the second of the second
19. Do you carry public liability and property damage insurance? Yea if yea, give n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code). No
INSTRI	ICTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	
Complete all items - Insert the	word NONE where applicable.
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.	The amount claimed should be substantiated by competent evidence as follows: (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosia, and the period of hospitalization, or incapacitation, attaching itemized bills for medical.
If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Faderal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14.	hospital, or burial expenses actually incurred,
Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two flemized algored statements or estimates by reliable, disinterested concerns, or, if payment has been made, the flemized signed receipts evidencing payment.
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing expected authority to act for the claiment. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal expectly of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardien or other representative.	(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property both before and after the accident. Such statements should be by distributerested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
if claimant intends to fite for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
PRIVACY	ICT NOTICE
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552e(e)(3), and concerns the information requested in the letter to which this Notice is attached. A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	Principal Purpose: The information requested is to be used in eveluating claims. Routine Use: See the Notices of Systems of Records for the agency to whom you are automiting this form for this information. D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to aupply the requested information or to execute the form may render your claim "invalid."
PAPERWORK RED	ACTION ACT NOTICE
This notice is <u>solety</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public response, including the time for reviewing instructions, searching existing data sources, gai information. Send comments regarding this burden estimate or any other sepect of this coll Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, V form(a) to these addresses.	hering and maintaining the data needed, and completing and reviewing the collection of



KORANSKY, BOUWER & PORACKY, P.C.

Attorneys and Counselors at Law

Paul B. Poracky PPoracky@KBLegal.net 425 Joliet Street, Suite 425 Dyer, Indiana 46311

Telephone: 219.865.6700 Facsimile: 219.865.5839

July 9, 2020

By Certified Mail, Return Receipt Requested Ms. Trina Y. Webb Tort Claims Coordinator United States Postal Service - Claims Greater Indiana District Office 3939 Vincennes Road Indianapolis, IN 46298-9361

RE: Update of Damages Claims by Mr. & Mrs. Xidias

USPS File No. 460-20-0045-5308A

Vehicle Accident

Claimants: ROULA XIDIAS & ANGELO XIDIAS

DOL: November 11, 2019

Dear Ms. Webb:

I enjoyed our discussion the other day and thank you for taking time out of your busy schedule to speak with me. This correspondence shall serve as a supplemental update to Roula and Angelo Xidias' damage claims when they were struck by an out-of-control postal vehicle which had crossed over the median-center line striking the Honda Ridgeline they were traveling in. The accident occurred on November 11, 2019. I include a copy of the Indiana Officer's Standard Crash Report and photos (Exhibit A) providing additional detail as to the negligence of the USPS driver and the exact location of the accident. A list of known witnesses is also included (Exhibit B). If necessary, the Xidias' treating health care providers are also possible witnesses in this matter.

The Xidias' are still under the care and treatment of their respective health care providers. Due to the unfortunate consequences stemming from COVID-19 which included no doctor visits unless there existed an emergency, their consultations and treatment regimens have suffered several months of interruption, as their doctors' offices were not open to treat them. Both are back in treatment.

Both Roula and Angelo are under the care and treatment of their neurologist, Dr. Shaila Gupta, M.D. As to Roula, she continues to have low back pain with radiating numbness into both of her legs, bilateral shoulder pain, headaches, sleep interruption and signs of PTSD (repeated reliving of the accident during wakeful hours and recurrent nightmares). She remains fearful of being in a vehicle. With the breaking of COVID-19 for doctor visits, Roula has returned to conservative physical therapy treatment. Roula has undergone an EMG/NCV study which indicates L5 involvement. Dr. Gupta has recommended MRI testing follow-up, but Roula's insurance (Ambetter) had not cleared her for this test on two separate occasions. However, now, she is scheduled for MRI on July 22, 2020 and we await the results of that test. I am appending to this information packet (Exhibit C), an Excel spreadsheet containing known and available medical expenses incurred by Roula. We await billings from the hospital where Roula was admitted for 3-days immediately following the accident and those are not yet included in the spreadsheet.

As to <u>Angelo</u>, he too remains under the care and treatment of Dr. Gupta, M.D. Like his wife, Angelo has been able to finally return to physical therapy recently. Angelo continues to suffer low back



KORANSKY, BOUWER & PORACKY, P.C. Attorneys and Counselors at Law

Pag	ge 2

pain with numbness radiating primarily to his right leg, right arm pain, injury bilaterally to both hands with numbness and pain along with general head pain accompanied by headaches. I am appending to this information packet (Exhibit C), an Excel spreadsheet containing known and available medical expenses incurred by Angelo.

In terms of lost wages, Angelo Xidias had been the manager of Main Muffler & Brake located in LaPorte, IN. Angelo was paid a weekly salary (\$314.00) and weekly bonus (\$393.42) prior to the accident date. His combined weekly total is \$707.42. He has been off work since the date of the accident which through the beginning of July is [35 weeks x \$707.42 = \$24,759.80]. Roula Xidias is an office assistant at Main Muffler & Brake and worked on average between 20 - 30 hours per week and earned the federal minimum wage of \$7.25. Assuming a mid-point of 25 hours per week. She has been off work since the date of the accident which through the beginning of July is $[35 \text{ weeks } x \text{ $25 \text{ hours/week } x \text{ $7.35/hour} = \text{$6,431.25}]$. Of course, neither Roula nor Angelo have been released to return to work as of yet, so these lost wages will continue until such time as they are physically able to return to their jobs. Attached is an Employee Statement of Wage for Roula and Angelo (Exhibit E).

In terms of property damage, the 2008 Honda Ridgeline damage was calculated by Erie Insurance at \$8483.92. The vehicle was declared a "total loss" so there are no repair estimates, just a fair market evaluation of the value of this truck. I have included that Report from Erie Insurance (**Exhibit D**) in this packet as well. Angelo is himself a car mechanic, had taken excellent care of the Honda Ridgeline and enjoyed driving same.

TOTAL DAMAGES AT THIS TIME*

\$20,989.69	Roula Xidias known medical bills
\$27,192.58	Angelo Xidias known medical bills
\$24,759.80	Angelo Xidias lost wages
\$ 6,431.25	Roula Xidias lost wages
\$ 8,483.92	Property Damages
\$87,857.24	TOTAL DAMAGES TO DATE

*Understanding that both Roula and Angelo Xidias are still under their doctor's supervision and are continuing to treat, so there will be additional medical bills/expenses to come.

Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

PBP/sd

Enclosures as noted

CLAIM FOR DA INJURY, OR D		reverse side and	supply hal she	tease read carefully the instru information requested on bott et(a) if necessary. See revers	n sides of this	FORM APPROVED OMB NO. 1105-0008		
Submit to Appropriate Federal Agency	у.			 Name, eddress of cloimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip Code 				
United States Postal Service Tort Claim Coordinator	9			Angelo P. Xidias				
3939 Vincennes Road Indianapolis, IN 46298				Highland, IN 463	22			
-	4 DATE OF BIRTH	5 MARITAL STATUS	; -	6 DATE AND DAY OF ACCIDEN	1	7 TIME (AM ORPM)		
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The Xidias' Silver 2008	Honda Ridgelin	e PK was tota	aled.	Insurance "Total Lo	ss" Report is	attached as		
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Please see attached Ex	hibit B.	See Indiana	Offi	cer's Standard Crash	Report atta	ched as Exhibit A.		
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Narrative

Upon my arrival to the scene, D1 was still in V1. She appeared to be in and out of consciousness. Due to the severity of D1's injuries, I was unable to get a statement. D1 was transported to LaPorte Hospital via LaPorte County EMS.

D2 stated he was traveling southbound on US Highway 35, in the approximate 3800 North block, when he observed V1 start to fishtail. D2 explained V1 was traveling northbound on US 35. D2 advised V1 crossed left of center and slid sideways into his travel lane. D2 stated, due to the snow/slush covered asphalt, he was unable to slow or stop. D2 stated he struck the driver's side of V1 (USPS truck #7205484). After doing so, D2 stated V3 (behind him) struck the passenger side of his vehicle.

D2 complained of chest, neck, and head pain and was transported via LaPorte County EMS to LaPorte Hospital for treatment. D2's passenger also complained of chest pain and was transported to LaPorte Hospital.

D3 stated she was traveling southbound on US 35, behind V2, when she observed V1 cross left of center and into their lane. D3 stated V2 struck V1 which led to her striking the passenger side of V2. D3 stated there was no time for V2 or herself to avoid the crash. D3 stated she was uninjured.

I observed V1's tire marks (in the snow-covered roadway) clearly indicating it had started to fishtail and crossed into the southbound lanes. Digital photographs were taken of the scene and will be submitted.

After clearing the scene, I traveled to LaPorte Hospital. Upon arrival, I was advised by Emergency Room staff D1 had been intubated and possibly sustained internal injuries. They stated she would possibly be flown out, due to the severity of her injuries.

A short while later, I traveled back to the hospital where I was informed D1 was transferred to South Bend Memorial Hospital for treatment.

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	Lio State	Lie Year	Regis	stored Own	pr's Marn	e (Last, i	FINNSE, MICO	San	ne as Drive	L.,	O to form					-		
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Veh Yser	Mate		\vdash				Τ			_	e Crash Vehicle A	etion						
		121: VI.	- D=='	stered Own	سوقا ولي	tacl act	First M	 •	ne se Driv	, 0	RIMNG LEFT C	F CENTER						
	Lie State	TIC A43						· ••		Ď	rection of Travel							
Licensei			Addı	ress (Street	City, 61	ate, Zip)					ORTH							
Veh Year	Hake		+-				\top			Τ,	ype of Primary Se		*1		anes - Two	Vi ay		
			Comme	ecial Vehic	e: Carri	er's Name	e and Ac	dress.		۱,	One Way Road One Land - Or				Lene Divido		nora) - Tw	o Ylz
1_1_	UNITED	STATES	POSTA	L SERVICE						4	One Lanus - Cr			☐ Mariel	Lane Undivi	ded Two	Way Left	t Turr
303 W	SHING	TON ST	REET							_ ¦		joimore). One l	May		Lane Undivi			Two
MICHE	BAN CIT				_		ìN	4	16360	lì	Mutti-Lane w/	Grass Median O	nly		Lane w/ Cor			
	Proper 8		Name:				State D			7		Conter Turn Lan		_	Lane w/ Mo	_	drafi Medi Alley	al Pi
							CMA	Inspectio	n FY) 	_	Curb Raised Me	dia n	=	te Drive	u	AMY	
US DOT	#		lic	CN						- 1	Skulti-Lane wi vent Collision Wi	Cable Barrier		Ram				
1							B 1	T		- 1	ABUI CORISION AN	uı						
Gro	ss Vehicle ESS TH	Weight	Rating	VALUE	ENICTO	C#9 SED B	po Body OX	iype		ĺ	1. ANOTHER MOT	OR VEHICLE						

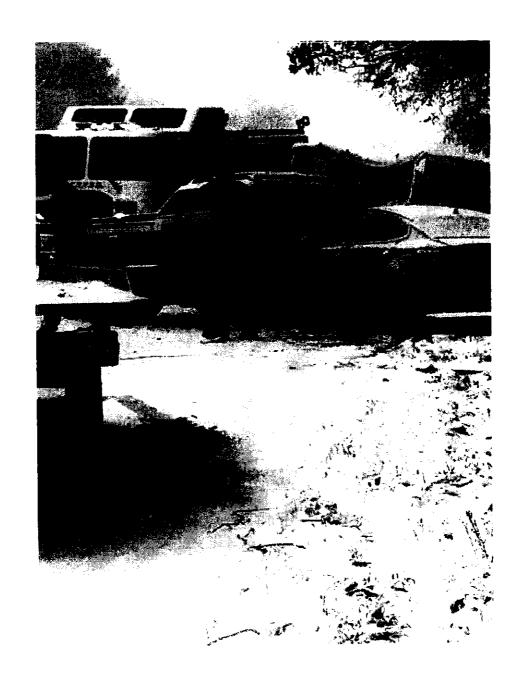
NIT INFORMATION			ı	90	348251	0			Page	4 of 6	
real ID											
01900149025 Driver's Name (ast, First, M)	<u> </u>			Safety Equipment Used	D . BELT ESSIDE				
2 XIDIAS, ANG	ELO, P			AIRBAG DEPLOYED		AIN!					
Adrose (Shann) (SNV 181	210)					YES					
IGHLAND			IN		22	Ejection(Trapped NOT EJECTED OR		Driver Inju	ry 91ahus		
N C FROM		Age 70		Bender MALE		EM8 No. 0789	Inumed Attn YES			TRANSPORTED	
river's License#	<u> </u>		Type OP	COL Class	Lie State	Nature of Most Severe COMPLAINT OF PA	Injury UN				
Apparent Physical Sta	tus :	Re	strictions	l		Location of Most Sever					
Mormal		BlassesiContact Lens Dutside Rearview Mirr		nployer's Vehic ate-Owned Vel		CHEST If Cited?	IC Codes				
Had Seen Drink Hendicapped	~ H	Daylight Driving	PP Chauffeurs Taxi Only			infraction					
Asleep#Fatigue	:	Automatic Transmissi Special Controls	🔲 sı	ewar Steering recial Restricti	ons	Mis demeaner					
DrugsMedicati Unknown		Empleyment Only Motorcycle Only		ebation DWII ebation HTO		Falony					
		TofFrom Employment	Z N	ena							
Test Given NONE	Type Giv		Breath		PET						
Voohel Results	Cartified		ding	Drug Re	ethe						
Vehit Color	Test Vehicle Yes	Make	Model		Style PK	Initiat Impact Area					
2 SILVER	2008 Lic Year	HONDA	RIDGELI	License State	<u> </u>	Undercarriage Trailer	Fort		ö		
2 2019				Phone Numb		None	-				
# Axles Speed Limit 2 55	Incused By ERIE INSUR	ANCE		80036		Unknown _Areas Damaged (M	- Di-lock				
Vehicle Identification#					_	_ Areaş Damageo (en			\mathbf{Z}		
Registered Uniner sin	Silin érapet en	, Mi)		San	o as Drive	Trailler Norte	į				
XIDIAS, ANGELO, P Address (Street, City,	State, Zip)					Unknown					
HOU AND			 	N 46	322	Vehicle Use		· -			
HIGHLAND Towed? ITO LAPDS	TE			e to Disabling	Darnage	PERSONAL (FAR	M, SOMPANY)	Fire?			
YES BY ACET	OWING	stered Owner's Name		ES Bern	e se Drive	Emergency Run?		Firer	r	4 0	
Lip State L						Vehicle Type					
Licenself	Adda	ees (Street, City, State	o, Z:p}			PICKUP					
Veh Your Make						Pre-Crash Vehicle Ad					
Lie State L	le Year Regi	stered Owner's Name	(Last, Fire	t, MC San	ne as Drive	GOING STRAIGH	11				
Liconset	Add	ress (Street, City, Stat	e, Zip)			SOUTH					
Veh Year Make						Type of Primary/Se	condary Roadway				
ACI I Day Image	France	ercial Vehicle: Carrier	s Name an	d Address		One Way Road			anes - Two Wa ane Dividad (ay (3 or more) - Two Wa	
	Gamu					One Lane - On Two Lenss - O				ed Two Way Left Turi	
							ormore) - One Way	Multi-	Lane Un d ivide	ed (3 or more) . Two '	
							Gress Median Only		Lane wi Cond	rete Barrior Guardrail Median	
HAZMAT Proper Shi	pping Name:		Str	ite DOT#			Center Turn Lane Curb Raised Median	=	Lane WI Metal Le Drive	Alley	
US DOT#	- Jic	:c¥		MV inspection	n lif Y s	—	Cable Barrier	Ramp			
			Carde B	ody Type	_L	C. Walan Mis		nace untrig	VEHICLE		
Gross Vehicle Y	feinbl Kathri										

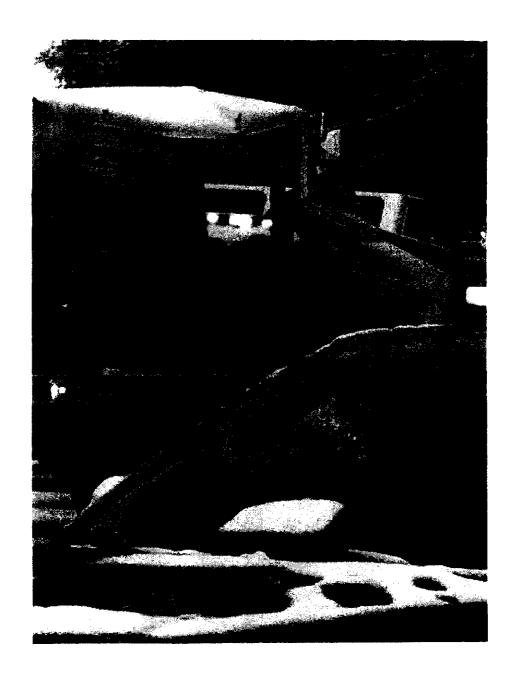
	ORMAT!	JN			90	348251	O Page 5 of	6
eal ID 0190014	9025						_	
Driv	var's Nam	e (Last, Fi	rst, MO				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
3 FARRINGTON, GAYLE, L						ARBAG DEPLOYED + BELT RESTRAINT Salety Equipment Effective?		
							YES	
HESTER	PTON				N 4630	4	Ejestion/Trapped NOT EJECTED OR TRAPPED	
	te of Birth		Age		Gender	_ 1	EMS No. Framed Aftra Driver Injury Status	
62 FEMALE							NO NO	
	N	-		Lic Type OP	CDL Class	Lic State	Nature of Mest Severe Injury	
Ápparent	Physical	Status		Restrictions			Location of Mast Severe Injury	
☑ №	ımal		Glasses/Contac		mployer's Vehic Nate-Dword Yehi		If Cited? IIC Codes	
	é Been Dri ndicapped	- ;	Daylight Driving	-	P Chauffours Te	1	Infraction	
∄.			Automatic Tran	—	ower Steering Special Restriction	ene e	Misdemeanor	
=	leep/Fatig ugs/Madic	- 1	Empleyment 0		robation DWI		Felony	
	hnown	İ	Motorcycle Oni	" H	Probation HTO None			
Te	st Given	Ty	pe Given	Danier A.			1	
	NONE		Blood Urine	Breath	SFST Drug Res	PET		
Mochel Ro	csull \$	Curtific	rd E	Pending	(Jing No	- Carlos		
PBT Veh# C	olor		Y sad Make	Model	<u> </u>	Style 4D	Inhital impact Area)
	RUE	2017	KIA NC License V	ОРПМ	License State		Undercardage	Rear
	epants 1	2021	. ,		IN IN		Nene " O O]
	Speed Lin	incure	<mark>đ by</mark> Va farm Buregu in	SURANCE	Phone Number 219926		Unknown	
2 Vehicle Id	oo entificatio						Areas Damaged Multiplos)	
Do alpene	d America	Name ()	ışt, First, Mi)		Same	as Driver		Par
FARRING	TON, GAY	LE L					None (🖸 🗆 🗆	J
Addract (Street. Cit	v. State, Z	(D)				Unfunown:	
CHEST	ERTON				IN 463	304	Vehicle Use	
Towed?	To MC			i	ue to Disabling I	Damage	PERSONAL (FARM, COMPANY)	
YES	By BRI	NCKMAN	TOWING Registered Owner's		ES Same	as Driver	Crawbanch Man	
	_10 3(2K#						Vehicle Type	
License			Address (Street, Cit	y, State, Zip)			PASSENGER CAR/STATION WAGON	
	fiska						Pre-Crash Vahicle Action	
Ven tear		He Var	Registered Owner's	Name (Last, Fir	et, Mi) Sami	a na Drivei	GOING STRAIGHT	
Ven Tear	le Steam	250 1748			٠ ت		Direction of Travel	
Ven TEER	Lic State						SOUTH	
Licensell			Address (Street, Cit	ty, State, Zip)			The state of the s	
			Address (Street, Ci	ty, State, Zip)			Type of Primary(Secondary Roadway	
Lie en self			Address (Street, Cit		nd Address		One Way Road Two Lanss - Two Way	Two Way
Lie en self					nd Address		One Way Road Two Lanse - Two Way One Lane - One Way Multi-Lane Divided (3 or more) Two Lanse - One Way Multi-Lane Undivided Two Way	Left Turn
Lie en self					nd Address		One Way Road Two Lanse - Two Way One Lane - One Way Multi-Lane Divided (3 or more) Two Lanse - One Way Multi-Lane Undivided Two Way Multi-Lane Undivided (3 or met	Left Turn
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Lie on self Voh: Year	Mate		ommercial Vehicle: (Carrier's Name at	nd Address		One Way Road Two Lanes - Two Way One Lane - One Way Two Lanes - Cne Way Multi-Lane Undivided Two Way Multi-Lane Undivided (3 or mer Multi-Lane w/ Concrete Barrier Multi-Lane w/ Conter Turn Lane Multi-Lane w/ Metal Guardrall (3 or mer)	Left Turn 8) - Two Y Aedian
Lie on self Voh Year HAZMAT	Make T Propes S		ommercial Vehicle: (Carrier's Name as	inte DOT#	i i Yes	One Way Road Two Lanse - One Way One Lane - One Way Two Lanse - One Way Multi-Lane Undivided G or more) Multi-Lane Wilded Two Way Multi-Lane Wilded G or met Multi-	Left Turn 8) - Two Y Aedian
Lie on self Voh: Year	Make T Propes S		ommercial Vehicle: (Carrier's Name at	inte DOT#	HYes	One Way Road Two Lanes - Two Way One Lane - One Way Multi-Lane Undivided (3 or more) Two Lanes - One Way Multi-Lane Undivided Two Way Multi-Lane Undivided (3 or more) Multi-Lane w/ Concrete Barrier Multi-Lane w/ Conter Turn Lane Multi-Lane w/ Motal Guardial II Multi-Lane w/ Conter Turn Lane Private Orivo Alley Multi-Lane w/ Cable Barrier Ramp	Left Turn 8) - Two Y Aedian
Liconsell Vol. Year HAZMAT	Make T Propes S	hipping h	institute i Vehiche: U	Carrier's Name at	inte DOT#	If Yes	One Way Road Two Lanse - One Way One Lane - One Way Two Lanse - One Way Multi-Lane Undivided G or more) Multi-Lane Wilded Two Way Multi-Lane Wilded G or met Multi-	Left Turn 8) - Two Y Aedian

ON-DRIVER INJURED INFORMATION	90348251	IŲ			
01900149025 Veh#		Safety Equipment Used			
yjured Pre-cresh Location: 2 INJURED		AIRBAG DEPLO	YED + BELT RES	STRAINT	
ane (Lust, First, MI)		Safety Equipment Effec	tive?		
(IDIAS, ROULA		YES Ejection/Trappod			
Advance (Riverent City, State, Zip)		NOT EJECTED (OR TRAPPED		
		EMS No.	Immed Attn	injury Status	NC.
HIGHLAND IN	46322	0789 Nature of Most Severe	YES	INCAPACITATI	ING
Date of Birth Age	Gender EMALE	COMPLAINT OF			
	ENALL	Location of Most Seve	re injury		
POSEION IN GUON VANIEN		CHEST	Type Given		
		Test Given		rine Breath	SEST PBT
	_	Alcohol Recults	Cartified		Drug Recults
		PST	Test	Pending	
Vehil		Safety Equipment Use	d		
Injured Pre-crash Location:		Safety Equipment Effe	athea?		
Ramo (Last, First, MI)		Safety Equipment Em	euver		
0.00.00		Ejection/Trapped		· · · · · · · · · · · · · · · · · · ·	
Address (Street, City, State, Zip)			Immed Attn	Injury Status	
		EMS No.	Limited Vine		
	Gander	Nature of Most Sever	e Injury		
Date of Birth Age	GENUN	1			
Position in or an Vahitle		Location of Most Sev	ere injury		
		Test Given	Type Giver:		
		1071 513211	Blood D	Urine 🔲 Breath 🗌	
	_	Alcohol Results	Certified		Drug Results
		PBT	Test	Pending	
Veh#		Safety Equipment U	5 4 4		
Injured Pre-erach Location:		Safety Equipment El	fective?		
Name (Last, First, MI)					
Address (Street, City, State, Zip)		Ejection/Trapped			
Abditive least of the least of		EMS No.	Iramed Attn	Injury Status	
		1			
Oute of Birth Age	Gander	Nature of Mest Seve	re Injury		
DM4 of Birth		Location of Most Sc	were Injury		
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	_	Test Given	Type Given		SFST PBT
			☐ Bi∞d ☐	nume Riemy	Drug Results
		Alcohol Results	Certified Test	Pending	
		PBT Safety Equipment			
injured Pre-stash Location:					
		Safety Equipment	Effective?		
Name (Last, First, MI)		Ejection Trapped			
Address (Street, City, State, Zip)		Electron (12pped			
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1					
Date of Birth Ago	Gender	Nature of Most Se	vote injury		
Date of Date.		Location of Most	Severe Injury		
Position in or an Vahicle					
	<u> </u>	Test Given	Type Given	Turina Turanth	BFBT PBT
		Ajcohal Results	Blood L	Urine Breath	Drug Results
		I All the I Describe	Certified	_	









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EXHIBIT B - WITNESSES

	NAME	ADDRESS			
1.	Linda R. Evans				
2.	Angelo P. Xidias				
3.	Roula Xidias				
4.	Gayle L. Farrington				
5.	Leonard V. Covello, MD	of Community Hospital			
6.	Shaila B. Gupta, MD	of Community Hospital			
7.	David L. Bolin, MD	of Regional Health			
8.	Christopher Adam Conn, M	ID of La Porte Physician Network			
9.	Patti J. Leahy	of LCSW of Regional Health			
10.	Joseph Venditti, MD	of La Porte Hospital			
11.	Any and all Medical Personnel on the scene and/or at the hospital				
12.	Any and all Emergency Per	sonnel on the scene and/or at the hospital			
13.		ians including future treatment of all witnesses listed above			

MEDICAL BILL SUMMARY FOR ROULA XIDIAS

Provider	Date of Invoice	Amount
North IN Emerg Phys / EMBCC	11/11/19	2,089.00
La Porte EMS	11/11/19	915.00
Radiology, Inc.	11/11/19	41.13
Radiology, Inc.	11/11/19	41.13
Radiology, Inc.	11/11/19	287.94
La Porte Physician Network - Dr. Conn	12/12/19	114.00
Regional Health	12/16/19	402.40
Radiology, Inc.	12/18/19	809.39
Radiology, Inc.	12/24/19	243.29
LaPorte Hospital	12/30/19	400.68
Radiology, Inc.	01/03/20	44.80
Regional Health	01/07/20	292.40
Radiology, Inc.	01/13/20	249.12
Dr. Shaila Gupta	01/21/20	428.00
LaPorte Hospital	01/23/20	3,252.72
Regional Health	01/28/20	292.40
La Porte Physician Network - Dr. Conn	01/30/20	114.00
P.T. @Community Hospital	02/01/20	852.00
Regional Health	02/12/20	292.40
Regional Health	02/20/20	292.40
Dr. Shaila Gupta	03/03/20	206.00
Dr. Shaila Gupta	03/03/20	204.00
Regional Health	03/10/20	392.40
Dr. Shaila Gupta	03/10/20	440.00
Community Hospital - diagnostics	03/10/20	7,006.00
P.T. @Community Hospital	03/20/20	1,287.00

20,989.60 TOTAL

<u>USDC IN/ND case 2:21-cv-00354-TLS-JEM_document 1_filed 11/10/21_page 45 of 120_</u>

Account Number	Guarantor Name	myEasyMatch Code		Due Date
 •	Roula Xidias	N	03/26/20	04/15/20

Date	Description	Charges Provider	Charges Credits	Balance
			109.00	9. 0 6
			109.00 (0.00)	0.00
			204 00	164.58
			206.00	113.23
			(0 00) (132.19)	
			410.00 (132.19)	277.81
			234 00 206 00	2.00
			4/06/20 Che 5602	277.81 100.60

MESSAGES:

If you have questions regarding your statement, please call 1-866-365-7620.

Pay Your Bill Online: v	pro.sdmoo.www
Total Balance	\$277.81
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$277 81

PAY THIS \$277.81

EMBE PL	SOCIMINI	Căse 2:	21-cv-0	0354-TLS-JEN	docume n	t.1	filed 11	/10/21	page 4	16 of 12	.0
DATE	PATIENT	PROVIDER		DESCRIPTION OF ST	ł	VRGE	RECEIPT FROM INS.	RECEIPT FROM PAT.	ADJUST	INS BAL	PAT BAL
		Boiin	1			92.40	\$0.00	\$37 91	\$230 31	\$0.00	\$24 18
1/28/20		Bolm				92 40	\$0.00		\$230 31	\$0.00	\$62 09
2/12/20		Bolin				92 40	\$0.00		\$230 31	\$0.00	\$62 09
2/20/20		1				92 40	\$0.00		\$298.96	\$0.00	\$93 44
3/10/20		Bolm					,				
our pa	tient balance	is more than	30 days	past due! Please pa	y as soon as po	ssible	∌.	1)	l	l	I
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	1				}						<u> </u>
CURI	RENT 30-	BD DAYS	60-80 DAY	'S 90-120 DAYS	OVER 120 DAYS	тот	AL ACCOU	NT BALAN	DUE	FROM	ATIEN
		148.36	\$0.00	\$0.00	\$0.00		\$241	.80 ,		\$241.8	
		English (2	19) 757-1	936 or Spanish S	peaking Call 2	19-75	7-1927	-11-	1,0	100	.00
UI WIU	IGOTION AGU	A /		•	_			5/12	1/20-	1 10	Cr.S.

REGIONAL HEALTH - 8400 LOUISIANA STREET - MERRILLVILLE, IN 46410-6385

1	SDC IN	/ND case 2:2	21-cv-003	54-TLS-JEN	/ docum	hent 1	filed 11	/10/21	nage	47 of 12	0
DATE	PATIEN		CPT4	DESCRIPTION OF SI	1	CHARGE	RECEIPT From INS	RECEIPT FROM PAT.	ADJUST	INS, BAL	PAT BAL
01/07/20	Roula	Bolin				\$292.40			\$230,31	\$0.00	\$62 09
01/28/20		Bolin				\$292.40			\$230 31	\$0.00	\$52.09
02/12/20		Boim			ļ	\$292 40		1	\$230 31	\$0.00	\$82 09
02/20/20		Bolin			1	\$292 40	\$0.00		\$230 31	\$0.00	\$62.09
	1	oon receipt. Thai	ık you.			业	SS95	3/2	1/20	148. 100. 148.	36
CUR	RENT	30-60 DAYS	0-90 DAYS	90-120 DAYS	OVER 120 D	AYS TOT	AL ACCOU	NT BALANC	DUE	FROM P	
\$24	8.36	\$0.00	\$0.00	\$0.00	\$0.00		\$248	36		\$248.3	8

\$248.36 \$0.00 \$0.00 \$0.00 \$0.00 \$248 For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

USDC IN/ND case Guarantor Number	2:21-cv-00354-TLS-JEM d Guarantor Name	ocument 1 filed 11/10/	21 page 48 of 120
Guarantor Aumitier	Roula Xidias	05/17/20	06/06/20

\$0 00 to -5433 44		PITAL - Gutpetient - AMBETTER MHS - \$852.00	
CCOUNT 30045 OS/02/20 to OS/31/20 CCOUNT 30046 OS/03/20 SA 18.4 \$418.5 S1.297.00 S0.00 \$668.56 \$618.4	09/17/20	· · · · · · · · · · · · · · · · · · ·	
\$418.5 ccount 30045 09/02/20 to 03/31/20 \$618.4 ccount 30046 03/03/20 \$57,006.00 \$0.00 \$618.4		-\$433.44	
CCOURT 30046 03/03/20 \$0.00 \$0.00 \$0.00 \$0.00 \$668.58 \$618.4	Garzaezo		\$418.5
03/03/20 \$0.00 \$0.	70045	IS ·	
to 03/31/20 \$618.4 ccount 30046 03/03/20 \$7,006.00 \$0.00 \$6.00		\$1,287,50	
03/31/20 \$618.4 ccount 30046 03/03/20 \$7,006.00		\$0.00	
CCOUNT 30046 03/03/20 57,006 00 50,00	**	-\$668.58	
CCOUNT 30046 ST,006 00 SQ 00 SQ 00	03/31/20		\$618.4
03/03/20 57,006 00 sq.bc			
03/03/20	20010	Š-	
50.00		57,006.00	
		sa.cc	-
	03/04/20	100.000 accorded	

COVID-19 Update

Community Healthcare System is dedicated to providing for the healthcare of the communities we serve.

If your employment situation has changed, please contact our office to discuss any changes you need to make.

Per CDC guidelines, we are restricting in-person visits for document collection and payments. Charity documents can be mailed or faxed to us. Payments can be made online or by phone. Please contact us with any questions you may have.

Making payments without a formal payment arrangement on all accounts will not stop our collection process. Please contact our office to set up a payment plan.

If your personal information has changed or you are sending in a credit card payment, please till out the information on the back of statement.

Any communications concerning a dispute of any payments for less than the full account balance which are tendered in full satisfaction of the account must be sent to: Patient Financial Services PO Box 3604 Munster IN 46321.

For more information regarding our Helping Hand financial assistance program, please refer to the back of this statement.

Pay Your Bill Online, equities 25

Billine Inquiries Call 219-934-8888 or 800-210-9776

Total Current Balance \$2,802.38

Payment Plan Amount \$0.00

Non Payment Plan Amount \$2,802.38

\$2,802.38 \$2,802.38 \$5/26/20 \$200.00 \$5/26/20 \$2602.38

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1. filedelat/110/1241umpagger/kth with 1200 ment.

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	04/27/2020	05/18/2020

Date .	Service Description	Charges	Payments/ Adjustments	Patient Balance
01/30/2020 04/21/2020 04/21/2020		\$114.00	\$0.00 -\$51 55	\$62.45
			5/01/	20
			5614	

AMOUNT DUE

\$62.45

11-11- Objects Develo Text - Depth Ethinisian Natural LPO Roy 7/80086021 Chicago II 60674-8602 1844-576-4378

Statement Number	Guarantor Name	Statement Date	Due Date
And the second s	ROULA XIDIAS	01/25/2020	02/15/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
12/12/2019 12/24/2019 12/24/2019		\$114,09	\$0 00 -\$51.55	\$ 62 4 5
		and the second s	- D.J	
		Ch	02/07/20 2 5576	
!				

Total Charges: \$114.00
Insurance Payments/Adjustments: \$51 55
Patient Payments/Adjustments: \$0.00

AMOUNT DUE:

\$62.45

Account Number	D case 2:21 cv 00254 TLS JEM Guarantor Name	myEasyMatch Code	Statement Bate	page Sile of ale 20
	Roula Xidias	• • · · · · · · · · · · · · · · · · · ·	04/26/20	05/16/20

Date	Description	Charges Provid	der	Charges	Credits	Balance
	TA. SHAILA B - Patient XIDI	LS,ROULA		428.00	KO DO)	46,88
			: 120 m . 1.		(181 14) (200.00)	
Current Bais	ance Due:	1. 7. 6 to 1.		428.00	(381.14)	46.86 46.86

Pot Ale 05/04/22 5618

MESSAGES: Your account is seriously past due! Please remit payment of the patient balance today! If you have questions regarding your statement, please call 1-866-365-7620.

Total Balance Payment Plan Amor Non Payment Plan	Online: www.comh unt Amount	\$46.86 \$0.00 \$46.86
PAY THIS /	\$46.86	
AWODNE		

	ISDC INN	ND case 2:	21-cv-003	354-TL S-JE 1	<u> vi Edocumer</u>	nt 1 filed	11/10/21	page	52 of 12	20
DATE	PATIENT	PROVIDER	CPT4	DESCRIPTION OF S	SERVICE CH	ARGE FROM	IPT RECEIPT INS. FROMPAT.	ADJUST.	INS BAL	PAT BAL
12/16/19	Roula	Leahy			\$-	102.40		\$277 16	\$0.00	\$125 24
 Payme	Payment is due upon receipt. Thank you.									
,									[
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	}									
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							1/0	~ > 0	120	
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							$1 \wedge 1$	4		
							UM	THIS	-77	7
}								7 5	3	
		-					-			
A. 150	L T	-60 DAYS 6	0-80 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACC	OUNT BALANC	E	FROM P	ATTENT
				<u></u>				1100	\$125.2	1 1
\$12	5.24	\$0.00	\$0.00	\$0.00	\$0.00	\$ 2.	125.24		\$ 120.E	

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

USDC IN/ND case 2:21-cv-00354-TLS-JEM_document 1 sfiled 11/10/21 page 53 of 120 La Porte County EMS

809 State St., Suite 301A **LA PORTE, IN 46350** (219) 326-6808 (219) 325-5566

	regeral tax to:
Patient Name: Roule Xidias	Patient Number: Call Number: Date Of Call:
Roula Xidias	From Location: 3563N HWY 35 To Location: La Porte Hospital
KOUIA AIDIBB	
HIGHLAND, IN 46322	Insurance:AMBETTER MARK
DESCRIPTION OF CHARGES Advanced Life Support Ambulance Mileage Charge PUBLIC OUTREACH FEE	NOBO OLIANTITY <u>UNIT PRICE</u> <u>AMOUNT</u> 859.00 859.00 12.00 54.00 2.00 2.00 Total Charges 915.00
	Total Credits 0.00 PLEASE PAY THIS AMOUNT => \$915.00

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT

Amount Due: \$915.00

Patient Name: Xidias, Roula Call Number:

Amount Enclosed \$ ___

This account is now due. It his invoice is for ambulance service provided to you. Please send your payment now or contact our office. THANK YOU.

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10 XIDIAS,ROULA's Invoice

Have questions about your bill? Call us 888-703-3301

Invoice Number:



BILL SUMMARY

Payment Due

Your insurance has been hilled. Your balance is below.

> Measonay: \$2,089.00



Visit: embcc.com or scan this code from vour smartphone.



Call customer service to make a payment or set up a payment plan. 888-703-3301

Detach payment coupon and submit with a check or credit card information



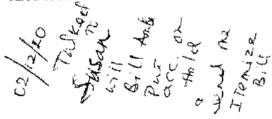
Our healthcare physicians and advanced practice providers are independent of the facility and bill separately for their services. This is not a balance bill. If you have insurance, this amount reflects your balance due after your insurance payment was applied, including any deductibles and copayments that are your responsibility.

This is a Bill for Services Provided by our Healthcare Providers at LA PORTE HOSPITAL

Book and a method south and the control of the cont

SELF PAY NO INS

11/11/2019 02/05/2020 \$2,089.00 \$2,089.00





DO NOT mail payments or correspondence to this address 165 Caprice Ct

-2335

Castle Rock, CO 80109

-	Has your madeance or patroist information the cyreis'	
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	Has your maurance or patroit intermetion throught?						
نــــن	Allertic charles that they want respectively to be accounted to the constitution of the constitution.	As in					

	XIDIAS,ROULA HIGHLAND, IN	
504	HIGHLAND, IN	46322

Responsible Party XIDIAS, ROULA	Account Number	
	DESCOVER	mer 🗆
Card Number	Name on Card	
Signature	Exp Date	Zip Code
STATEMENT DATE	DUE DATE	AMOUNT ENGLOS
\$2,089.00 02/05/2020	Due Now	

Include your account number on checks payable to:

NORTH INDIANA EMERG PHYSICIANS LLP PO BOX 731584 DALLAS, TX 75373-1584

RADIOLOGY INC 620 W. EDISON NISHAWAKA IN 465452784 574-258-1100

Patient:

Acct #:

MIGRIANG.IN 95322

Responsible party: XIDIAS, ROULA

Highland, IN 90522

Srvc. Date Procedure Description Location Charge Balance Physician Modifier(s) Diagnosis Code(s) 11/11/2019 \$41.13 \$12.11 BOSMAN, SUZANNE ALLISON Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$29.02 AM Better Insurance Payment: 12/16/2019 of 40.00 Adjustment: 60 11/11/2019 \$41.13 \$12.11 BOSMAN, SUZANNE ALLISON PAYMENT INTOLNACION Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$29.02 AM Better Insurance Payment: 12/16/2019 of \$0.00 Adjustment: \$0 \$200.53 \$0.00 AHNAD, IRFAN 11/11/2019 Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0.00 Insurance Payment: 12/23/2019 of \$170.45 Adjustment: \$30.08 Eric Insurance Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0 ARNAD, IRFAN \$0.00 11/11/2019 \$272.51

Payment Information

Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0.00
Insurance Payment: 12/23/2019 of \$231.63 Adjustment: \$40.88 Eric Insurance
Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0

\$287.94 \$84.08 BOSMAN. SUZANNE ALLISON 17/11/2019

Payment Information

Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$203.86 AM Better Insurance Payment: 12/16/2019 of \$0.00 Adjustment: \$0

\$285,22 \$0.00 PILLAI, KRISHNA R 11/11/2019

Payment Information

Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 12/30/2019 of \$243.29 Adjustment: \$0 Eric Insurance
Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0
Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$42.93 Eric Insurance

\$479.19 \$0.00 AHMAO, IRFAN 11/11/2019

Payment Information

Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 12/23/2019 of \$407.31 Adjustment: \$71.86 Eric Insurance

Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0

\$293.08 \$0.00 BOSMAN, SUZANNE ALLISON 11/11/2019

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 56 of 120

Payment Information

nent information
Insurance Payment: 12/18/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/16/2020 of \$249.12 Adjustment: \$43.96 Eric Insurance
Insurance Payment: 01/22/2020 of \$0.00 Adjustment: \$0

11/19/2019

\$52.70 \$0.00 BOSMAN, SUZANNE ALLISON

Payment Information

Insurance Payment: 12/11/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/08/2020 of \$44.80 Adjustment: \$7.90 Eric Insurance Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0

TOTAL BALANCE: \$108.30 Print Date: 02/26/2020



ECC Payment Log Exposure: MedPay

Pald: \$5,060

Chairmann	DO	K T	AMAN G

Enganismos) , Acque Dally	(Taitespinista	Insured Name	Lon Calegory	Aven Mari	Budgerith: Att and	12	
1/23/30	LA PORTE HOSPITAL	ANGELO XXXIAS	Medical Payments	65,252.72	ROULA XIDUA	11/11/10	11/13/19
12/18/10	PADIOLOGY INC.	ANGELO XIDIAS	Medical Psyments	2609.38 `	ROULA XIDIAB	11/11/18	11/11/10
12/24/11	RADIOLOGY INC.	AKGELO XIDIAB	Medical Payments	\$243.28 °	ROULA XIDIAS	11/11/19	11/11/19
12/30/11	LA PORTE HOSPITAL	ANGELO XIDIAB	Medical Payments	\$400.65	ROULA XIDIAS	11/19/19	11/16/19
1,8420	PADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$14.80	ROULA XIDIAS	11/10/18	11719/19
1/13/20	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$240.17	ROULA XIDIAS	11/11/19	11/11/18

MEDICAL BILL SUMMARY FOR ANGELO XIDIAS

Provider	Date of Invoice	Amount
La Porte Clinic Company LLC	11/11/19	5 6 5.00
La Porte EMS	11/11/19	654.00
La Porte Hospital	11/11/19	24,363.51
La Porte Physician Joseph Venditi, MD	11/11/19	300.00
Lake Porter Cardivascular	11/11/19	179.03
Radiology Inc.	11/11/19	402.08
Radiology Inc.	11/11/19	249.12
Radiology Inc.	11/11/19	479.84
		27,192.58 TOTAL

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 59 of 120 **La Porte County EMS**

809 State St., Suite 301A LA PORTE, IN 46350 (219) 326-6808 (219) 325-5566 Federal Tax ID:

Patient Name: Angelo Xidias

Patient Number Call Number Date Of Call

From Location: 3883 N. US Hwy 35 To Location: La Porte Hospital

Angelo Xidias

HIGHLAND, IN 46322

Insurance:

DESCRIPTION OF CHARGES	YTITMAUE	UNIT PRICE	AMOUNT
Basic Life Support	1.0	598.00	598.00
BLS Mileage	4.5	12.00	54.00
PUBLIC OUTREACH FEE	1.0	2.00	2.00

Total Charges 654.00

Total Credite
PLEASE PAY THIS AMOUNT =>

0.00 \$654.00

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT

Amount Due: \$654.00 Amount

Patient Name: Xidias, Angelo Patient Number:

Call Number: 199 Current Date: 01/06/2020

Enclosed \$

THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT.
> PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE

DISREGARD THIS STATEMENT. THANK YOU.

USDC IN/ND case 2:215765600354-TLS-JEM document Actifiled 11/10/21 page: 60 of 1:20

Transaction Totals by Date Report

Report Settings
Account: XIDIAS,ANGELO
Submission information
User: [103502]
Time: Vied Feb 5, 2020 12:35 PM

The second secon	per namentus alternis professionis del la financia del la filia de		
Transaction Information Charges	Service Date From 11/01/2019	Service Date To 12/31/2019 Date	Total Amount 300.00 Amount
Tx# Procedure	Service Provider		
	Joseph Venditt, MD (10	11/11/2019	300.00
	Appaired agricum rem France	12/26/2019	179.00
		12/26/2019	120.97
	bactohed to chi	BT 12-9-5	179.03
Payments Adjustments	histohed to ch	•	120.97

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.

IN La Porte Hospital

Itemized Statement Of All Charges 92/20/20

PAGE NO.

Patient Name	Patient Number	Date Of Birth	Registration Date Discharge Da	
XIDIAS, ANGELO			11/11/2019	11/13/19

Guarantor Name And Address

XIDIAS, ANGELO

Highland IN 463222335

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
			100	3144 36	214429
11/13/2019			1.00	2144.38	2144.38
11/12/2019			1.00	2144.38	2144.38
					4288.76
11/12/2019			1.00	1.00	1.00
11/13/2019			1.00	1.00	1.00
11/11/2019			1.00	58,73	58.73
11/12/2019			1.00	3.57	3.57
11/13/2019			2.00	3.57	7.14
11/13/2019			1.00	3.57	3.57
11/13/2019			1.00	3.57	3.57
11/12/2019			1.00	3.57	3.57
11/13/2019			1.00	3.57	3.57
11/12/2019			1.00	3.57	3.57
11/12/2019			1.00	3.57	3.57
11/12/2019			1.00	58.73	58.73
11/13/2019			1.00	58.73	58.73
					210.32
11/11/2019			75.00	3.18	238.50
					238.50
11/11/2019			1,00	221.95	221.95
11/12/2019			1.00	221.95	221.95
					443.90
11/12/2019			1.00	36.04	36.04
11/11/2019			1.00	36.04	36.04
11/11/2019					72.08
11.01.0016			1.00	178.08	178.08
11/11/2019			1,00	288.32	288.32
11/11/2019			1.00	288.32	288.32
11/12/2019			1.00	102.82	102.82
11/11/2019			*1**		

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

PARIENT NUMBER

Additional patient billing may be necessary for any charges not posted when this bill is prepared, or if any insurance carriers do not pay any amount of the amounts shown

Please Retain For Your Records

TOTAL AMOUNT 0.00

EXHIBIT C

IN La Porte Hospital

Itemized Statement Of All Charges

DATE OF BUIL 02/20/20

PAGE NO.

Patient Name	Patient Number	Date Of Birth	Registration Date Discharge Dat		
XIDIAS, ANGELO			11/11/2019	11/13/19	

Guarantor Same And Address

XIDIAS, ANGELO

Highland IN 463222335

- 1				_
	Insurance Company Name	Group Number	Policy Number	
	Misc Auto Liability			٦
1	MEDICARE IN			

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/11/2019			1.00	272.00	272.00
11/12/2019			1.00	272.00	272.00
					1401.54
11/11/2019			1.00	193.98	193.98
11/12/2019			1.00	193.98	193.98
					387.96
11/11/2019			1.00	122.96	122,96
					122.96
11/11/2019			1.00	312.70	312.70
					312.70
11/11/2019			1.00	252.28	252.28
					252.28
11/11/2019			1.00	2237.6ь	2237.66
					2237.66
11/11/2019			1.00	2517.50	2517.50
11/11/2019			1.00	2517.50	2517.50
11/11/2019			1.00	2237.66	2237.66
					7272.66
11/12/2019			1.00	87.98	87.98
					87.98
11/12/2019			1.00	0.01	0.01
11/12/2019			1.00	0.01	0.01
11/12/2019			1.00	0.01	0.01
					0.03
11/12/2019			1.00	469.58	469.58
					469.58
11/12/2019			1.00	0.01	10.0
11/12/2019			1,00	0.01	0.01

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

PATHEN) MEMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

AMOU DI L 0.00

EXHIBIT C

IN La Porte Hospital

Itemized Statement Of All Charges 02/20/20

PAGE NO.

Patient Name	Patient Number	Date Of Birth	Registration Date Discharge Date		
XIDIAS, ANGELO			11/11/2019	11/13/19	

Guarantor Name And Address

XIDIAS, ANGELO

Highland

IN 463222335

	The state of the s	
Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/12/2019			1.00	0.01	0.01
					0.03
11/12/2019			1.00	469.58	469.58
					469.58
11/11/2019			1.00	214.12	214.12
11/11/2019			1,00	2221.76	2221.76
					2435.88
11/11/2019			1.00	2326.69	2326.69
					2326.69
11/11/2019			1.00	444.14	444.14
11/11/2019			1.00	444.14	444,14
11/12/2019			1.00	444.14	444.14
		Total Charge Amount			1332.42
		SUMMARY OF CH	IARGES		
		TOTAL CHARGES		24363.5	1
		TOTAL PAYMENTS		-3124.93	1
		TOTAL PATIENT PAY	MENTS	0.00	
		TOTAL ADJUSTMENT	S	-21238.5	8
		TOTAL AMOUNT DUE	3	0.00	
		BAD DEBT BALANCE		0.00	

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

PARENT SUMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

101AL AMOUNT 0.00

EXHIBIT C



ECC Payment Log

Exposure: Medicay

Claiment ANGELO XIDIAS

Pald: \$5,000

Alters & Maricum	Careca Signature	Portion To	· Andrews Johns	Conscionars (Const. Barbys) Comity	nties Clarent of French	aun.	
1	271/19	RADIOLOGY ING.	ANGELO XIONAS	bladical Payments	ANGELO XIDIAS	77/12/18	11/11/19
1	2/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	ANGELO XIDAAS	HANAS	11/11/19
1	2/11/18	RADIOLOGY INC.	ANGELO XENAS	Medical Payments	ANGELO XIDIAS	11/11/10	11/11/19
1	2/10/19	LAKE FORTER CARDIVASCULAR	ANGELO XIDIAS	Medical Payments	ANGELO XIDIAS	11/11/10	11/11/19
1	2/27/19	LA PORTE CLINIC COMPANY (1 C	ANDELO XIDIAS	Mydical Phymoris	ANGELO XIDIAS	11/11/19	11/13/19
1	15/20	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments	ANGELO XIDIAS	19/19/19	11/15/18

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 65 of 120



Branch Office • One Parkwood • 250 E, 96th Street • Suite 500 • Indianapolis, IN • 46240-3762 • 317.848.3420 • Toll free 1.800.624.1620 Fax 800.535.4691 • Mail Address: P.O. Box 80129 • Indianapolis, IN 46280-0129 • www.eriginsurance.com

Total Loss Report Erie Insurance Group Loss Date: 11/11/19 Claim # Material Damage Adjuster: Velena Preston Owner: Angelo Xidias Address: Adjuster Phone # 317-571-6347 Highland, IN 46322 Year: 2008 Make: HOND Model: RIDGELINE VIN# Erie will pay storage until: **Towing Charge:** Daily Storage: Salvage Bids if Owner Retained Bid Amount: \$1,275.00 Bid Date: 12/10/2019 Salvage Bidder: METRO (ART) Bid Date: 12/10/2019 Bid Amount: \$1,298.00 Salvage Bidder: COPART Highest Bid Amount: \$1,298.00 Settlement Details Market Value \$7,706.00 Prior Damage \$200.00 Other Adjustments Actual Cash Value \$7,906.00 Tax Type state 7.000% % Tax Tax Amount \$553.42 State Fees \$24.50 **Gross Settlement** \$8,483.92 \$500.00 Deductible \$7,983.92 **Net Settlement** Settlement Adjustments \$7,983.92 **Total Amount Owed** Date of This Report: 12/17/19

cc: File

Please contact your ERIE agent promptly to discuss state specific registration issues and coverage changes that might apply given the total loss of your vehicle.

					20218	218 - LAPORTE MAIN MUFFLER	TE MAIN N	EUFFLER					
					Emį	Employee Statement of Wage	tement of	Wage					
						January 1, 20	January 1, 2019 - July 8, 2020						<u>JS</u> [
		Hours	2		Earnings				Withholding Taxes	(A		Deductions	
Check #	Date	Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED Federal W/H	deral W/H	State W/H	Local W/H	Amount	Net Pay
Work Location	Work Location: Business Location Department:	s Location											<u>/ND.c</u> ;
_	^	XIDIAS, ANGELO P	ELO P										<u>ase</u>
		40.0000	0.000	1,000.00	0.00	1,000.00	62.00	14.50	65.93	31.06	14.42	0.00	
	01/05/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
	01/09/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
	01/09/19	0.0000	0.0000	563.07	0.00	563.07	18.48	8.15	0.00	21.00	9.5	00.0	
	01/16/19	40.0000	0.0000	1,000.00	0.00	222.40	14.10	14.30	09.92	31.00	74.47	0.00	017.70
	01/16/19	0.0000	0.000	05.727	0.00	1 000 00	01.+1	3.30	65 93	31.06	0.00	0.00	
	01/23/19	0.0000	0.000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	00.0	210.00
	01/30/19	0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	00.00	0.00	0.00	
	61/36/10	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
	01/31/20	200.0000	0.0000	6,472.65	0.00	6,472.65	0.00	0.00	0.00	155.30	72.10	0.00	5,420. 50
					;			;			;		_
	02/06/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	
	02/06/19	0.0000	0.0000	563.09	0.00	563.09	34.92	8.17	0.00	0.00	0.00	0.00	520.00
	02/13/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	
	02/13/19	0.0000	0.0000	227.39	0.00	227.39	14.09	3.30	0.00	0.00	0.00	0.00	
	02/20/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	
	02/20/19	0.0000	0.0000	227.39	0.00	227.39	14.10	3.23	0.00	0.00	0.00	0.00	
	02/27/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
	02/27/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0:00	file 00:017
	02/29/20	160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40 dd
	03/06/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	817.10
	03/06/19	0.000	0.0000	563.07	0.00	263.07	34.91	8.16	0.00	0.00	0.00	0.00	220.00
	03/13/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	_
	03/13/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
	03/20/19	40.000	0.000	1,000.00	0.00	22.7.40	14 40	סכיבי	03:32	25.50	24.47	850	
	03/20/19	0.0000	0.0000	000.000	0.00	1 000 000	62.00	3.30 14.50	65.92	3.00	0.00	999	01.018
	03/27/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
	03/31/20	160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	00.00	4,398.40 O
	03/31/20	520.0000	0.0000	16,963.19	0.00	16,963.19	0.00	0.00	0.00	403.78	187.46	0.00	14,217.30
C. Catalan	NO 50 50 to 05/00/50 and \$1000 1 5. 25. 00	20 of 2. 22 00										EXHIBIT E	1 000
ויווונכט כול	בעועט מון מין מין	20 or 2:20 : :											

		Net Pay	812.10	210.00		520.00				210.00 CV-	4,398.40	812.10	210.00	812.10	510.00	812.10 T	210.00	812.10	220.00		710.00	nt 1 05'05'5		210.00 O				210.00			age 6	57,704.10 Ot	812.10		812.10	4
	Deductions	Amount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	9.60	60.0	0.00	0.00	0.00	0.00	0.00	0.00	EVHIBITE
	۵	Local W/H	14.42	0.00	14.42	0.00	14.42	0.00	14.42	0.00	57,68	14.42	2.99	14.42	8.49	14,42	2.99	14.42	3.16	14.42	66.7	92.72	14.42	2.99	14.42	8.69	14.42	2.99	24.71 8 60	159.99	241.03	391.43	14.42	14.42	14.42	
		State W/H	31.06	0.00	31.06	0.00	31.06	0.00	31.06	0.00	124.24	31.06	6.43	31.06	18.29	31.06	6.43	31.06	6.80	31.06	6.43	199.68	31,06	6.43	31.06	18.70	31.06	5.43	18 20	344.51	519.01	842.93	31.06	31.06	31.06	
	Withholding Taxes	- 1	65.92	0.00	65.92	0.00	65.92	0.00	65.92	0.00	0.00	65.92	00.0	65.92	21.62	65.92	0.00	65.92	0.00	65.92	0.00	0.00	65.92	0.00	65.92	22.91	65.92	0.00	22.92	1,322.58	0.00	0.00	65.92	65.92	65.92	
age.		FICA-MED Federal W/H	14.50	3.29	14.50	8.17	14.50	3.30	14.50	3.29	0.00	14.50	3,45	14.50	8.77	14.50	3.4	14.50	3.61	14.50	5.45	0.00	14.50	3.4	14.50	8.96	14.50	2. Z	8.96	157.07	0.00	0.00	14.50	14.50	14.50	
Ali Bank Accounts January 1, 2019 - July 8, 2020		FICA-SS	62.00	14.10	62.00	34.91	62.00	14.10	62.00	14.09	0.00	62.00	14.73	62.00	37.49	62.00	14.73	62,00	15.44	62.00	14./3	0.00	62.00	14.74	62.00	38.28	62.00	14.73	38.70	671.62	0.00	0.00	62.00	62.00	62.00	
All Bank Accounts January 1, 2019 - July 8, 2020		Gross	1,000.00	227.39	1,000.00	563.08	1,000.00	227.40	1,000.00	227.38	5,245.25	1,000.00	237.60	1,000.00	604.66	1,000.00	237.59	1,000.00	249.01	1,000.00	737.50	6,566.46	1,000.00	237.60	1,000.00	617.54	1,000.00	237.59	617.55	10,832.57	16,542.85	28,354.56	1,000.00	1,000.00	1,000.00	
	Earnings	Premium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	00.00	0.00	0.00	9 9 8	0.00	0.00	0.00	0.00	0.00	00'0	0.00	
	31	Regular	1,000.00	227.39	1.000.00	563.08	1,000.00	227.40	1,000.00	227.38	5,245.25	1,000.00	237.60	1,000.00	604.66	1,000.00	237.59	1,000.00	249.01	1,000.00	737.60	6,566.46	1,000.00	237.60	1,000.00	617.54	1,000.00	237.59	617.55	10,832.57	16,542.85	28,354.56	1,000.00	1,000.00	1,000.00	
	8	Premium	0.0000	0.0000	0.0000	0000'0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
	Hours	Regular	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	160.0000	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	200.0000	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	40.0000	0.0000	160.0000	520.0000	40.0000	40.0000	40.0000	
		Date	04/03/19	04/03/19	04/10/19	04/10/19	04/17/19	04/17/19	04/24/19	04/24/19	04/30/20	05/01/19	05/01/19	05/08/19	05/08/19	05/15/19	61/51/50	05/22/19	05/22/19	05/29/19	05/29/19	05/31/20	61/50/90	61/50/90	06/12/19	06/12/19	06/19/19	06/19/19	61/92/90	06/28/19	06/30/20	06/30/20	07/03/19	07/03/19	07/03/19	

Check #

	Hours	120		Earnings	Au Ban January 1, 20	Air Bank Accounts January 1, 2019 - July 8, 2020		Withholding Taxes			Deductions	
Date	Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED Federal W/H	:	State W/H	Local W/H	Amount	Net Pay
07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
07/03/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.4	0.00	6.43	2.99	0.00	210.00
07/31/20	120.0000	0.0000	3,712.78	0.00	3,712.78	0.00	0.00	0.00	112.47	52.23	00.00	3,066.30
08/14/19	0.0000	0.0000	335.69	0.00	335.69	20.82	4.87	0.00	0.00	0.00	0.00	310.00
08/31/20	0.0000	0.0000	335.69	00.00	335.69	0.00	0.00	0.00	0.00	0.00	0.00	310.00
09/11/19	0.0000	0.0000	351.72	0.00	351.72	21.80	5.10	0.00	10.12	4.70	0.00	310.00
09/30/20	0.0000	0.0000	351.72	0.00	351.72	00.00	0.00	0.00	10.12	4.70	0.00	310.00
02/30/50	120.0000	0.0000	4,400.19	0.00	4,400.19	00.00	0.00	0.00	122.59	56.93	0.00	3,686.30
61/60/01	0.0000	0.0000	283.25	0.00	283.25	17.56	4.11	0.00	7.91	3.67	0.00	250.00
10/16/19	0.0000	0.0000	283.25	0.00	283.25	17.57	4.10	00.00	7.91	3.67	0.00	250.00
10/23/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4,56	25.19	10.14	4.71	0.00	250.00
10/23/19	0.0000	0.0000	314.07	0.00	314.07	19.47	5.70 4.56	25.19	10.14	95.5 17.4	0.00	250.00
10/31/20	0.0000	0.0000	1,588.05	0.00	1,588.05	0.00	0.00	0.00	48.81	22.66	0.00	1,310.00
11/06/19	0.0000	0.000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
11/13/19	0,0000	0.0000	314,06 393.42	0.00	314.06 393.42	19.48 24.39	4.54 5.71	25.19 34.71	10.14 12.71	4.71 5.90	0.00	310.00
11/30/20	0.0000	0.0000	1,021.55	0.00	1,021.55	0.00	0.00	00'0	32.99	15.32	0.00	810.00
12/18/19	0.0000	0.0000	4,019.59	00:00	4,019.59	249.22	58.29	21.96	129.83	60.29	0.00	3,500.00
12/31/20	0.0000	0.0000	4,019.59	0.00	4,019.59	0.00	0.00	0.00	129.83	60.29	00:00	3,500.00
12/31/20	0.0000	0.0000	6,629.19	0.00	6,629.19	0.00	0.00	0.00	211.63	98.27	0.00	5,620.00
12/31/20	1,160.0000	0.0000	56,347.13	0.00	56,347.13	0.00	0.00	0.00	1,580.93	734.09	0.00	46,227.70
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OSDC IN/ND case 2.21-cv-00354-TLS-3EW document 1 med 11/10/21 page 03 of 1	USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 69 o
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			0218 - I ADO	20218 - I ADORTE MATN MIJEFI FR	IFFI FR				
		ı	Employee S	Employee Statement of Wage	Wage				
		;	January 1,	January 1, 2019 - July 8, 2020					ļ
Company Totals									<u>JÇ II</u>
	January	February	March	ФТР	April	Мау	June	QTD	
Decident Hours	200.0000	160.0000	160.0000	520.0000	160.0000	200.0000	160.0000	520.0000	
Premium Hours	00000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<u>ca</u>
Regular Famings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	
Premium Faminus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Gross Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	
FICA-SS	401.30	325.21	325.21	1,051.72	325.20	407.12	1,025.66	1,757.98	
FICA-MED	93.85	76.06	76.06	245.97	76.05	95.22	239.87	411.14	
Federal W/H	329.60	263.68	263.68	856,96	263.68	351.22	1,632.08	2,246.98	
State W/H	155.30	124.24	124.24	403,78	124.24	199.68	519.01	842.93	
Local W/H	72.10	57.68	57.68	187.46	57.68	92.72	241.03	391.43	<u>354</u>
Deductions	0.00	0.00	0.00	0.00	00.0	0.00	0.00	00.00	
Net Pay	5,420.50	4,398.40	4,398.40	14,217.30	4,398.40	5,420.50	12,885.20	22,/04.10	
	July	August	September	ФТФ	October	November	December	QTD	QTY O
The state of the s									
Regular Hours	120.0000	0.0000	0.0000	120.0000	0.0000	0.0000	0.0000	0.0000	1,160.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	_
Regular Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
Premium Earnings	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_
Gross Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
FICA-SS	230.19	20.82	21.80	272.81	98.46	63.34	249.22	411.02	3,493.53
FICA-MED	53.83	4.87	5.10	63.80	23.03	14.81	58.29	56.13	817.04
Federal W/H	197.76	0.00	0.00	197.76	85.09	85.09	21.96	192.14	3,493.84
State W/H	112.47	0.00	10.12	122.59	48.81	32.39	129.83	211.63	
Local W/H	52.23	0.00	4.70	56.93	77.66	15.52	67.00	78.77	/34.09 60.95
Deductions	00.00	310.00	310.00	0.00	0.00	810.00	3 500 00	0.00	0.00
Net Pay	3,066.30	00.010	0000	2000					
									oag
									<u>69</u>
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								EXH	EXHIBIT E.
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					1	All Bank January 1, 201	All Bank Accounts January 1, 2019 - July 8, 2020						
		Hours	is.		Earnings	,	7		Withholding Taxes			Deductions	
Check #	Date	Regular Premium	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED Federal W/H	1 1	State W/H	Local W/H	Amount	Net Pay
Work Locatio Department:	Work Location: Business Location Department:	s Location											
	•	XIDIAS, ROULA A	V V										
	01/02/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	01/09/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	01/16/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
	01/23/19 01/30/19	25.0000	0.0000	181.25 181.25	0.00	181.25 181.25	11.24	2.63 2.63	0.00	5.85	2.72	0.00	158.81
	01/31/20	125.0000	0.000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07
	02/06/19	25,0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	02/13/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
	02/20/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	02/27/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
	02/52/20	100.0000	0.0000	725.00	0:00	725.00	0.00	0.00	0.00	23.40	10.88	0:00	635.26
	03/06/19	25.0000	0.000	181.25	00.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	03/13/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	
	03/20/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2,63	0.00	5.85	2.72	0.00	
	03/27/19	25.0000	0.000	57.181	0.00	181.25	11.24	7.03	93.0	2,83	7/77	0.00	158.81
	03/31/20	100.000	0.000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25
	03/31/20	325.0000	0.0000	2,356.25	0.00	2,356.25	0.00	0.00	0.00	76.05	35.36	0.00	2,064.58
	04/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
	04/10/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
	04/17/19	25.0000	0.000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	27.2	0.00	158.81
	04/24/19	72.0000	0.000	57.181	0.00	57.101	17.11	7.03	6.0	2,03	71.7	00:0	10.001
	04/30/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	92.589 92.589
	05/01/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	05/08/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
	05/15/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	8 8	5.85	2.72	0.00	of 1 18831
	05/22/19	25,0000	0.0000	181.25	0.00	161.25	17.24	2.03	8.6		27.7 57.5 tr	0.00	158.91
	05/29/19	25.0000	0.0000	181.25	0.00	57.181	11.24	7.03	90:0	2.8.2	7/7	000	128.81
													ļ

			Net Pay	794.07	158.82	158.81	158.82	158.81	3,900.00	4,535.26	5,964.59	158.82	158.81	158.82	158.81	635.26	158.82	•••	158.81	158.81	635.25	ed 128.83		158.81		page 22.506,1	158.82	158.82		158.81
		Deductions	Amount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00:00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
			Local W/H	13.60	27.2	2.72	2.72	2.72	74.38	85.26	109.74	2.72	2.72	2.72	2.72	10.88	2.72	2.72	2.72	2.72	10.88	2.72	2.72	2.72	10.88	32.64	2.72	2.72	נלנ	۶.,۲ د۲ د
			State W/H	29.25	5.85	5.85	5.85	5.85	160.16	183,56	236.21	5.85	5.85	5.85	5.85	23.40	5.85	5.85	5.85	5.85	23.40	5.85	5.85	28.5	23.40	70.20	5.85	5.85	5.85	28.5
		Withholding Taxes	leral W/H	0.00	0.00	0.00	0.00	0.00	444.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.0	10.87
UFFLER Wage		Withh	FICA-MED Federal W/H	0.00	2.63	2.63	2.62	2.63	71.90	00'0	0.00	2.63	2.63	2,62	2.63	0.00	2.63	2.63	2.63	2.63	0.00	2.62	2.b3	2.63	0.00	0.00	2.63	2.62	2.63	263
10214 - LAPORTE APEX MUFFLER Employee Statement of Wage	Ail Bank Accounts January 1, 2019 - July 8, 2020		FICA-SS	0.00	11.23	11.24	11.24	11.24	307.43	0.00	0.00	11.23	11.24	11.24	11.24	0.00	11.23	11.24	11.24	11.24	0.00	11.23	11.24	11.24	0.00	0.00	11.23	11.24	11.24	11 24
4 - LAPORT	All Bank January 1, 20		Gross	906.25	181.25	181.25	181.25	181.25	4,958.56	5,683.56	7,314.81	181.25	181.25	181.25	181.25	725.00	181.25	181.25	181.25	181.25	725.00	181.25	181.25	181.25	725.00	2,175.00	181.25	181.25	181.25	181.25
1021/ Emj		Earnings	Premium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00
:			Regular	906.25	181.25	181.25	181.25	181.25	4,958.56	5,683.56	7,314.81	181.25	181.25	181.25	181.25	725.00	181.25	181.25	181.25	181.25	725.00	181.25	161.23	181.25	725.00	2,175.00	181.25	181.25	181.25	181.25
THEORY I THANK I I WAS IN WAS		şe.	Premium	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
		Hours	Regular	125.0000	25.0000	25.0000	25.0000	25.0000	0.0000	100.000	325.0000	25.0000	25.0000	25.0000	25.0000	100.000	25.0000	25.0000	25.0000	25.0000	100.000	25.0000	25.0000	25.0000	100.0000	300.000	25.0000	25.0000	25.0000	25.0000
			Date	05/31/20	06/05/19	06/12/19	06/19/19	06/26/19	06/28/19	06/30/20	06/30/20	07/03/19	07/03/19	07/03/19	0//31/19	07/31/20	08/02/19	08/14/19	08/21/19	08/28/19	08/31/20	09/04/19	09/11/19	09/25/19	09/30/20	09/30/20	10/02/19	10/09/19	10/16/19	10/23/19

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e		Deductions	Amount	8	66	0.00	0.00	0.00	0.00	0.00	0.00								EXHIE
			Local W/H	50, 70	77.77	2.72	5.44	44.10	44.10	83.81	261.55								
			State W/H	ر بر در	73.79	5.85	11.70	94.96	94.96	180.42	562.88								
		Withholding Taxes	3	8	9.00	10.82	0.00	576.03	0.00	00.00	0.00								
UFFLER	200		FICA-MED Federal W/H	000	0.0	2.63	00.0	42.63	0.00	0.00	0.00								
0214 - LAPORTE APEX MUFFLER	All Bank Accounts	January 1, 2019 - July 6, 2020	FICA-SS	8	30.5	11.24	0.00	182.28	0.00	0.00	0.00								
- LAPORT	All Bank	January 1, 20	Gross	6	2,284.30	181.25 181.25	362.50	2,940.00	2,940.00	5,586.80	17,432.86								
10214 Fmr		E Service	Premium		30.5	0.00	0.00	0.00	0.00	0.00	0.00								
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			Date		10/31/20	11/06/19	11/30/20	12/18/19	12/31/20	12/31/20	12/31/20	ıt ≖ 48							0770
			#									-							

		10	0214 - LAPO	0214 - LAPORTE APEX MUFFLER	JFFLER				
			Employee St	Employee Statement of Wage	Nage				
			January 1,	January 1, 2019 - July 8, 2020					
Company Totals									OC II
	January	February	March	QTD	April	May	June	ФТФ	
Regular Hours	125.0000	100.0000	100.0000	325.0000	100.0000	125.0000	100.0000	325.0000	
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<u>ca</u>
Regular Earnings	906.25	725.00	725.00	2,356.25	725.00	906.25	5,683.56	7,314.81	
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_
Gross Earnings	906.25	725.00	725.00	2,356.25	725.00	906.25	5,683.56	7,314.81	
FICA-SS	56.19	44.95	44.95	146.09	44.95	56.19	352.38	453.52	<u>1-0</u>
FICA-MED	13.14	10.51	10.52	34.17	10.51	13.14	82.41	106.06	
Federal W/H	0.00	0.00	0.00	0.00	0.00	00.00	444.69	444.69	
State W/H	29.25	23.40	23.40	76.05	23.40	29.25	183.56	236.21	
Local W/H	13.60	10.88	10.88	35.36	10.88	13.60	92.26	109.74	<u> </u>
Deductions	0.00 904.02	0.00 56 363	0.00	0.00	0.00	704.07	0.00	0.00	
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Description House	00000	00000	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	
Docular Farnings	725.00	725.00	725.00	2,175.00	2,284.30	362.50	2,940.00	5,586.80	
Premium Faminos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00:0 00:0
Gross Earnings	725.00	725.00	725.00	2,175.00	2,284.30	362.50	2,940.00	5,586.80	
FICA-SS	44.95	44.95	44.95	134.85	141.62	22.48	182.28	346.38	
FICA-MED	10.51	10.52	10.51	31.54	33.12	5.26	42.63	81.01	
Federal W/H	00.00	0.00	0.00	0.00	529.09	21.64	576.03	826.76	1,271.45
State W/H	23.40	23.40	23.40	70.20	73.76	11.70	94.96	180.42	
Local W/H	10.88	10.88	10.88	32.64	34.27	5.44	44.10	83.81	261.55
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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Attorneys and Counselors at Law

Paul B. Poracky PPoracky@KBLegal.net 425 Joliet Street, Suite 425 Dyer, Indiana 46311

Telephone: 219.865.6700 Facsimile: 219.865.5839

July 10, 2020

Via UPS Overnight
Ms. Trina Y. Webb
Tort Claims Coordinator
United States Postal Service - Claims
Greater Indiana District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361

RE:

Update of Damages Claims by Mr. & Mrs. Xidias

USPS File No. 460-20-0045-5308A

Vehicle Accident

Claimants: ROULA XIDIAS & ANGELO XIDIAS

DOL: November 11, 2019

Dear Ms. Webb:

Please allow this to serve as an amended Claim for Mr. and Mrs. Xidias to replace my letter to you dated July 9, 2020.

Again, I enjoyed our discussion the other day and thank you for taking time out of your busy schedule to speak with me. This correspondence shall serve as an amended Claim update to Roula and Angelo Xidias' damage claims when they were struck by an out-of-control postal vehicle which had crossed over the median-center line striking the Honda Ridgeline they were traveling in. The accident occurred on November 11, 2019. I include a copy of the Indiana Officer's Standard Crash Report and photos (Exhibit A) providing additional detail as to the negligence of the USPS driver and the exact location of the accident. A list of known witnesses is also included (Exhibit B). If necessary, the Xidias' treating health care providers are also possible witnesses in this matter.

The Xidias' are still under the care and treatment of their respective health care providers. Due to the unfortunate consequences stemming from COVID-19 which included no doctor visits unless there existed an emergency, their consultations and treatment regimens have suffered several months of interruption, as their doctors' offices were not open to treat them. Both are back in treatment.

Both Roula and Angelo are under the care and treatment of their neurologist, Dr. Shaila Gupta, M.D. As to **Roula**, she continues to have low back pain with radiating numbness into both of her legs, bilateral shoulder pain, headaches, sleep interruption and signs of PTSD (repeated reliving of the accident during wakeful hours and recurrent nightmares). She remains fearful of being in a vehicle. With the breaking of COVID-19 for doctor visits, Roula has returned to conservative physical therapy treatment. Roula has undergone an EMG/NCV study which indicates L5 involvement. Dr. Gupta has recommended MRI testing follow-up, but Roula's insurance (Ambetter) had not cleared her for this test on two separate

Page 2

occasions. However, now, she is scheduled for MRI on July 22, 2020 and we await the results of that test. I am appending to this information packet (Exhibit C), an Excel spreadsheet containing known and available medical expenses incurred by Roula. We await billings from the hospital where Roula was admitted for 3-days immediately following the accident and those are not yet included in the spreadsheet.

As to Angelo, he too remains under the care and treatment of Dr. Gupta, M.D. Like his wife, Angelo has been able to finally return to physical therapy recently. Angelo continues to suffer low back pain with numbness radiating primarily to his right leg, right arm pain, injury bilaterally to both hands with numbness and pain along with general head pain accompanied by headaches. I am appending to this information packet (Exhibit C), an Excel spreadsheet containing known and available medical expenses incurred by Angelo.

In terms of lost wages, Angelo Xidias had been the manager of Main Muffler & Brake located in LaPorte, IN. Angelo was paid a weekly salary and weekly bonus prior to the accident date. His combined weekly total is He has been off work since the date of the accident which through the beginning of July is [35 weeks x . Roula Xidias is an office assistant at Main Muffler & Brake and worked on average between 20 - 30 hours per week and earned the federal minimum wage of _____ Assuming a mid-point of 25 hours per week. She has been off work since the date of the accident which through the beginning of July is [35 weeks x 25 hours/week x . Of course, neither Roula nor Angelo have been released to return to work as of yet, so these lost wages will continue until such time as they are physically able to return to their jobs. Attached is an Employee Statement of Wage for Roula and Angelo (Exhibit E).

In terms of property damage, the 2008 Honda Ridgeline damage was calculated by Erie Insurance The vehicle was declared a "total loss" so there are no repair estimates, just a fair market at evaluation of the value of this truck. I have included that Report from Erie Insurance (Exhibit D) in this packet as well. Angelo is himself a car mechanic, had taken excellent care of the Honda Ridgeline and enjoyed driving same.

TOTAL DAMAGES AT THIS TIME*

\$20,989.60	Roula Xidias known medical bills
\$27,192.58	Angelo Xidias known medical bills
\$24,759.70	Angelo Xidias lost wages
\$ 6,431.25	Roula Xidias lost wages
\$ 8,483.92	Property Damages
<u>\$87,857.05</u>	TOTAL KNOWN DAMAGES TO DATE

^{*}Understanding that both Roula and Angelo Xidias are still under their doctor's supervision and are continuing to treat, so there will be additional medical bills/expenses to come.

Page	3
I ugo	~

TOTAL FUTURE DAMAGES PROJECTED

\$15,000.00 Roula's future projected medical bills \$12,000.00 Angelo's future projected medical bill

\$12,000.00 Angelo's future projected medical bills

\$27,000.00 TOTAL FUTURE DAMAGES PROJECTED

SUM CERTAIN

\$ 87,857.05 \$ 27,000.00

\$114,857.05 SUM CERTAIN

I look forward to hearing from you.

Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

PBP/sd

Enclosures as noted

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 77 of 120-FORM APPROVED INSTRUCTIONS: Please read carefully the instructions on the CLAIM FOR DAMAGE. OMB NO. 1105-0008 reverse side and supply information requested on both eides of this INJURY, OR DEATH form. Use additional sheet(a) if necessary. See reverse side for additions instructions 2. Name, address of claimant, and claimant's personal representative # pny-1, Submit to Appropriate Federal Agency: (See instructions on reverse). Number, Sireet, City, State and Zip code. United States Postal Service Angelo P. Xidias & Roula Xidias Tort Claim Coordinator 9455 Parkway Drive 3939 Vincennes Road Highland, IN 46322 Indianapolis, IN 46298 3. TYPE OF EMPLOYMENT 6. DATE AND DAY OF ACCIDENT 4. DATE OF BIRTH 5. MARITAL STATUS 7. TIME (AM OR P.M.) married MILITARY X CIVILIAN 1949 7:44 AM 11-11-2019 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the piece of occurrence and the cause thereof. Use additional pages if necessary). Mr. Angelo Xidias, along with his wife (Roula Xidias) were traveling southbound on US Hwy 35. Ms. Evans (postal employee) was traveling northbound on US Hwy 35. Evans lost control of her vehicle, crossed the center line (a total of 4 lanes) and struck the Xidias' vehicle. A third car behind Xidias could not avoid crashing into the rear-end portion of the Xidias' vehicle due to the collision, stopping the Xidias' vehicle. Ms. Evans negligence caused a three vehicle accident. IN Officer's Standard Crash Report is attached as Exhibit A. PROPERTY DAMAGE NAME AND ADDRESS OF DWMER, IF OYNER THAN CLAIMANT (Number, Street, City, State, and Zip Code). BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. The Xidias's Silver 2008 Honda Ridgeline PK was totaled. Erie Insurance's "Total Loss" Report is attached as Exhibit D. A total lost wages is attached in Attorney Poracky's letter to Webb and is attached. PERSONAL INJURYANTONG FUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT Ms. Evans, Mr. Xidias and Mrs. Xidias were transferred by ambulance to a local area hospital. The Xidias's continue their ongoing medical treatment and said treatment is anticipated to cost \$27,000.00. Exhibit C is attached and shows medical billing costs thus far. 11 WITHERIER MAME ADDRESS (Number, Street, City, State, and Zip Code) Please see attached Exhibit B. See Indiana Officer's Standard Crash Report attached as Exhibit A. AMOUNT OF CLASS (in dollars) 12. (See instructions on reverse). 12c WRONGFUL DEATH 12d TOTAL (Failure to specify may cause 12a PROPERTY DAMAGE 12b PERSONAL INJURY forfeiture of your rights) \$8,483.92 \$106,373.13 N/A \$114,857.05 I CERTIFY THAT THE AMOUNT OF CLAMICOVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM. 13b. PHONE NUMBER OF PERSON SIGNING FORM | 14. DATE OF SIGNATURE 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 07-09-20 Attorney Poracky: 219.865.6700 CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CIVIL PENALTY FOR PRESENTING CLAM OR MAKING FALSE STATEMENTS FRAUDULENT CLASM The claiment is liable to the United States Government for a civil penalty of not less than Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.) by the Government (See 31 U.S.C. 3729).

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 78 of 120

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INDIANA OFFICE	Electronic Version	OH REPOR				Page		UI	
TR. APP		3482510		Local ID			A A A F		
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nelite Corporate Limits? Ch	y/Town or Nearest City/Town		Property?		Crash Lat	Mude	0	Sau roui	livine
NO	LA PORTE		Driver #3				Oriver #4		
Driver #1	Driver #2 XIDIAS_ANGELO,P	FARRI	NGTON GAYLE.	L					
EVANS,LINDA R	VIDIVOVIACEON				1				
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Primary Cause Vohicle 1 Vohicle 2 Vohicle 4 Vohicle 4 Vohicle 4	Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4		Hit and Run	NO					
Driver Contributing Circumstances Alcoholic Beverages	shide Contributing Circumstan	ces or Defective lure or Defective	School Zone	NO					
	Brake Failure or Tire Failure or I	r Delective	Rumble Strips	NO					
Driver Anless Driver Miness		fective or Not On	Locality RURAL						
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Driver Distracted	Animal/Object	in Roadway	NO						
SpeedWeather Conditions Unsafe Line Neversent	Utility Work	pMissing/Obscure	Traffic Contr			<u> </u>			
Other I None	Other Nons		Traffic Contr	rol Davice Op	Flanoitese	NA			
Total Estimate of all damage in the Crash:			Mas this era	ish the result	of aggressi	ive drivin	13	NO	
\$25001 TO \$50000	Owner's Name and Address								
Other Property Damage (1) State Property									
Other Property Damage (2) State Property	Owner's Name and Address								
Witness/Other Parl	licipant	(Last Mane, Firs	None Mi	Моп	-Motoris	<u> </u>			
Witness # Name								·	
Other Participant Address etc.		Han Motorist Ty		Non-Matori	st Action				
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Other Perticipant Address etc.		Streat/Hig inmay	<u> </u>	-					
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USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 79 of 120

Local ID 201900149025				903482510	Page	2	of .	6
Type of Crash	RIGHT ANGLE							
Time Notified	Time Arrived	1	ation of Investigation	DTI				
7:48 AV	7:55 AM	SEE NAP	RRATIVE		1 4 4 9 149	D3.	otos Tak	2
Assisting Officer			ID No.	Agency	Investigation Complete?	PI		BILL
CAPTAIN SMYTHE			07	LAPORTE SD	YES		YES	
Assisting Officer			ID No.	Agoney	Date of Report			
Chairman Agus					11/11	/2019		
Investigating Officer			ID No.	Agency	Reviewing Officer			
PISOWICZ, J			048	LAPORTE SD	SGT J BURGER			

Upon my arrival to the scene, D1 was still in V1. She appeared to be in and out of consciousness. Due to the severity of D1's injuries, I was unable to get a statement. D1 was transported to LaPorte Hospital via LaPorte County EMS.

D2 stated he was traveling southbound on US Highway 35, in the approximate 3800 North block, when he observed V1 start to fishtail. D2 explained V1 was traveling northbound on US 35. D2 advised V1 crossed left of center and slid sideways into his travel lane. D2 stated, due to the snow/slush covered asphalt, he was unable to slow or stop. D2 . After doing so, D2 stated V3 (behind him) struck the stated he struck the driver's side of V1 (USPS truck passenger side of his vehicle.

D2 complained of chest, neck, and head pain and was transported via LaPorte County EMS to LaPorte Hospital for treatment. D2's passenger also complained of chest pain and was transported to LaPorte Hospital.

D3 stated she was traveling southbound on US 35, behind V2, when she observed V1 cross left of center and into their lane. D3 stated V2 struck V1 which led to her striking the passenger side of V2. D3 stated there was no time for V2 or herself to avoid the crash. D3 stated she was uninjured.

I observed V1's tire marks (in the snow-covered roadway) clearly indicating it had started to fishtail and crossed into the southbound lanes. Digital photographs were taken of the scene and will be submitted.

After clearing the scene, I traveled to LaPorte Hospital. Upon arrival, I was advised by Emergency Room staff D1 had been intubated and possibly sustained internal injuries. They stated she would possibly be flown out, due to the seventy of her injuries

A short while later, I traveled back to the hospital where I was informed D1 was transferred to South Bend Memorial Hospital for treatment.

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 80 of 120

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Gros	ss Vehicle 1 ESS THAI	N 10.00	11#	VAN/ENC	LOSED				E 1.	ent Collision With ANOTHER MOTO	R VEHICLE	_				
1 1.0				ase of Cargo H			- CO - CO	rd Class #								

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 81 of 120

NIT INFORMATION		903482510	Page 4 of 6
01900149025			
Driver's Name (Las 2 XIDIAS, ANGEL			afety Equipment Used NRBAG DEPLOYED + BELT RESTRAINT
ddress (Street, City, State 455 PARKWAY DR			afety Equipment Effective? 'ES
IIGHLAND		IN 46322	jectionTrapped NOT EJECTED OR TRAPPED
Date of Birth	Age 70	China dina	INS No. Instruct Attn Driver Injury Status 7789 YES INCAPACITATING - TRANSPORTED
river's Liberso#	Lie T	OP IN	lature of Most Savers Injury COMPLAINT OF PAIN
Apparent Physical 8 tatur Mormal Had Been Drinking Hendicapped III Asteep/Fatigued Drugs/Medication Unknown Test @wen NONE	Glasses/Contact Lenses Outside Rearview Mirre Daylight Driving Automatic Transmission Special Controls Employment Only Motorcycle Only Te/From Employment Type Glasen Blood Unine	Employer's Vehicle Only State-Owned Vehicles PP Chauffours Text Only	ecation of Most Severe injury CHEST FCited? IC Cedes Infraction Misdemeanor Felony
BY Te	rtifled st Pend Ficie Year Make		Initial Impact Area
2 SILVER 20	O8 HONDA Year Licenss#	RIDGELINE PK Licenso State IN Phone Number	Undercarriage Trailer None Unknown
Februard Country's Name (State of State		Sarrie aș Driver	Undercarriage Trailer None Unknown
HIGHLAND		IN 46322	Vehicle Use
Towad? To LAPORTE YES By ACE TOW		Due to Disabling Damage YES	PERSONAL (FARM, COMPANY) Emergency Run? Fire? NO
Lic State Lie 1	Address (Street, City, State,	_	Vehicle Type PICKUP
Veh Year Nuke	fear Registered Owner's Name (I	Last, First, MI) Same as Driver	Pre-Crash Vehicle Action GOING STRAIGHT
Licensel	Address (Street, City, State,		Direction of Travel SOUTH
Veh Year Make	Commercial Vehicle: Carrier's	Name and Address	Type of Primary/Secondary Roadssay One Way Road One Lane - One Way Wulfi-Lane Divided (3 or more) - Two Way Two Lanes - One Way Multi-Lane Undivided Two Way Left Turn
HAZMAT Proper Shippi US DOT#	ng Name:	State DOT# CMV inspection If Yes	Multi-Lames (3 or more) - One Way Multi-Lame Undivided (3 or more) - Two to Multi-Lame w/ Grass Median Only Multi-Lame w/ Concrete Barrier Multi-Lame w/ Center Turn Lane Multi-Lame w/ Metal Guardrail Median Private Drive Alley Multi-Lame w/ Cable Barrier Ramp
Gross Vehicle Weig	ht Rating	Carge Body Type	Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 82 of 120

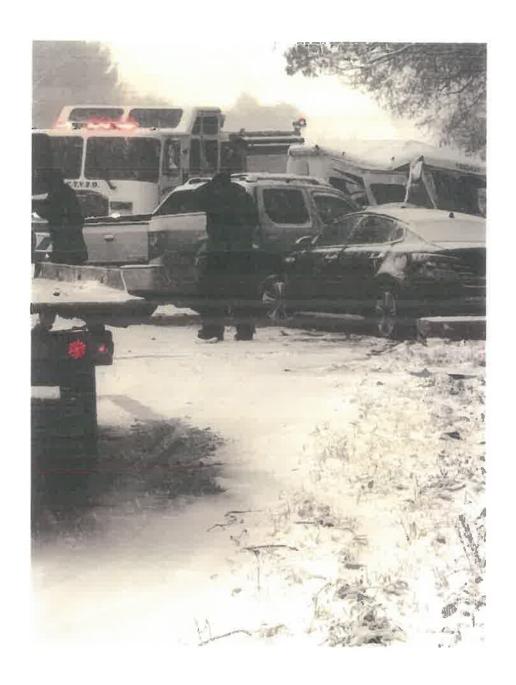
peal ID	10 H			90	348251	0			Page	5	of	6
201900149025												
	(Last, First, MI) ON, GAYLE, L					Safety Equipment Used AIRBAG DEPLOYED		TY				
ddress (Street City.)	itais. Zip)					Bafety Equipment Effective YES	re?					
			IN	463	04	Ejection/Trapped NOT EJECTED OR TH		Driver Injury	Olehan			
Date of Birth 1957		Age 62		Gender FEMALE		N	smed Attn IO	Driver injury	Statute			_
Priver's License #		Lie T	ype OP	CDL Class	Lie State IN	Nature of Most Severe Inj						
Apparent Physical 8t Normal Had Been Drin Handicapped III Asleep# adjust Unknown Test Choon	ed En	asses/Contact Lense diside Rearview Mirre nylight Driving stomatic Transmissic secial Controls nployment Only otorsysic Only #From Employment	or Sta	ployer's Vehic te-Owned Veh Chauffeurs To wer Steering selel Restrictly shation DWI shation HTO ne	ileles exi Only	if Cited? K	njury Cedes				_	
NONE None None	Blood	Urine 1	Breath	SFST Drug Res	PBT							
PBT Veln# Color	Test Vehicle Yaus M	Pend	ling Model		Style	Initial impact Area						
3 BLUE # Decupants 1 # Axies Speed Limits	Lic Year Li 2021	1A icanse #	OPTIMA	License State IN Phone Numb		Undercarriage Trader None Unknown	Front					
2 55	INDIANA FARI	(BUREAU INSURANC	Æ			Areas Damaged Multi	ples)					_
Registured Council's N Address (Street, City,		, MI)		Same	as Driver	Underentringe Trader None Unknown	Front				- 1	
			114	463	304	Vehicle Use						
YES BY BRING	IGAN CITY CKMANS TOWN	G red Owner's Name (I.	YE		Damage as Driver	PERSONAL (FARM, Emergency Run?	COMPANY)	Fire?	N	n		
Licensell		s (Street, City, State,				Vehicle Type	· · · · · ·					
						PASSENGER CAR/S Pre-Crash Vehicle Action					<u> </u>	_
Veh Year Make		and China and a Manna A		L								
	Ic Year Registe	EAG CALING P MINING IT	ast, First,	MI) Same	as Driver	GOING STRAIGHT						
Veh Year Hake Lie State Licanses		s (Street, City, State,		MN Same	as Driver	Direction of Travel SOUTH						
Lie State L	Addres		Zip)		as Driver	Direction of Travel SOUTH Type of Primary/Secon One Way Road One Lane One W	пу [Multi-Lan	ś - Two Way s Dividad (3	or mai		
Lie State L	Addres	s (Street, City, State,	Zip)		e as Driver	Direction of Travel SOUTH Type of Primary/Secon One Way Road	ny [Nay [nore) - One Way [Multi-Lan Multi-Lan Multi-Lan Multi-Lan	e Divided (7 e Undivided e Undivided e 11/ Concre	ormon Two M (3 or n to Barr	lay Left 1 nore) - Tr ier	Tura wo W
Lie State L	Addres	s (Street, City, State,	Zip) Name and		e as Driver	Direction of Travel SOUTH Type of Primary/Secon One Way Road One Lens - One W	isy [Nay [nore) - One Way [se Median Only [ter Turn Lane [b Raised Median]	Multi-Lan Multi-Lan Multi-Lan Multi-Lan	e Divided (3 e Undivided e Undivided e 11/ Concre e 11/ Metal G	ormai Two M (3 or n te Barr Juardra	lay Left 1 nore) - Tr ier	luru vo W
Licenses Licenses Veh Year Nake HAZMAT Proper Shi	Addres Commerci pping Name:	s (Street, City, State,	Zip) Name and	Address DOT#		Direction of Travel SOUTH Type of Primary/Secon One Way Road One Lane One W Two Lanes One W Multi-Lanes (3 or r Multi-Lane w/ Grac Multi-Lane w/ Can Multi-Lane w/ Can	isy [Nay [May Nore) One Way [Se Median Only Ler Turn Lane Se Raised Median Io Barrier	Multi-Lan Multi-Lan Multi-Lan Multi-Lan Multi-Lan Private D	e Divided (3 e Undivided e Undivided e 11/ Concre e 11/ Metal G	ormai Two M (3 or n te Barr Juardra	iay Left 1 nere) - Tr ier Il Mediar	Tura wo W

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 83 of 120

NON-DRIVER INJURED INFORMATION 90348251	D Page 6 of 6
neal 80 201900149025	
ıjurad Pre-srash Lecation: 2 INJURED	Befely Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT Safety Equipment Effective?
ADING BUILD	YES Ejection/Trapped
9455 PARKWAY DR	NOT EJECTED OR TRAPPED EMS No. Instruct After Injury Status
HIGHLAND IN 46322	0789 YES INCAPACITATING -
Date of Birth Age Gander 960 59 FEMALE	COMPLAINT OF PAIN Lecation of Most Savare Injury
Position in or on Vehicle	CHEST Test Given Type Given
	Alcohol Results Certified Pending SFST PBT Orug Recults
Vehl	PBT Test Professing Safety Equipment Used
Injured Pre-cash Location:	Safety Equipment Effective?
Name (Last, First, MI)	Ejection/Trapped
Address (Street, City, State, Zip)	EMS No. Interned Attn Injury Status
Date of Birth Age Gander	Nature of Most Severe Injury
Position in er on Vehicle	Location of Mest Severe Injury
	Test Given Type Given Breath Breath PBT PBT
	Alcohol Results Certified Drug Results PBT Test Panding
Vehiii	Safety Equipment Used
Name (Last, First, MI)	Safety Equipment Effective?
Address (Street, City, State, Zip)	Ejection Trapped
	EMS No. Inwood Attn Injury Status
Date of Birth Age Gender	Nature of Most Savere Injury
Poskion in ar on Vehicle	Lecation of Most Severe Injury
	Test Given Type Given Blood Utrine Breath SFST PBT
	Alcohol Results Certified Pending Pending
lnjured Pre-srash Lecation:	Selfety Equipment Used
Injured Pre-stass Lecadon: Name (Last, First, M)	Safety Equipment Effective?
Address (Street, City, State, Zip)	Ejection Trapped
	EMS No. Immed Attn Injury Status
Date of Birth Age Gender	Nature of Most Severe Injury
Position in or on Vahicle	Location of Most Severe Injury
Rear C	Test Given Type Given Blood Urine Brenth BFST PBT
	Alcohol Results Certified Pending Drug Results PBT Test







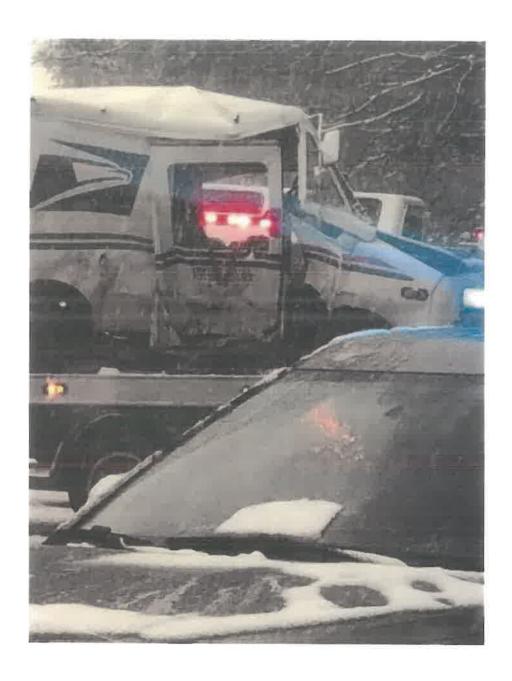






EXHIBIT B - WITNESSES

	NAME	ADDRESS
1.	Linda R. Evans	1608 Ohio Street, Michigan City, IN 46360
2.	Angelo P. Xidias	9455 Parkway Drive, Highland, IN 46322
3.	Roula Xidias	9455 Parkway Drive, Highland, IN 46322
4.	Gayle L. Farrington	1511 Hogan Avenue, Chesterton, IN 46304
5.	Leonard V. Covello, MD	of Community Hospital
6.	Shaila B. Gupta, MD	of Community Hospital
7.	David L. Bolin, MD	of Regional Health
8.	Christopher Adam Conn, MI	O of La Porte Physician Network
9.	Patti J. Leahy	of LCSW of Regional Health
10.	Joseph Venditti, MD	of La Porte Hospital
11.	Any and all Medical Persons	nel on the scene and/or at the hospital
12.	Any and all Emergency Pers	onnel on the scene and/or at the hospital
13.	Any and all treating physicia	ins including future treatment of all witnesses listed above

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 91 of 120

MEDICAL BILL SUMMARY FOR ROULA XIDIAS

Provider	Date of Invoice	Amount
North IN Emerg Phys / EMBCC	11/11/19	2,089.00
La Porte EMS	11/11/19	915.00
Radiology, Inc.	11/11/19	41.13
Radiology, Inc.	11/11/19	41.13
Radiology, Inc.	11/11/19	287.94
La Porte Physician Network - Dr. Conn	12/12/19	114.00
Regional Health	12/16/19	402.40
Radiology, Inc.	12/18/19	809.39
Radiology, Inc.	12/24/19	243.29
LaPorte Hospital	12/30/19	400.68
Radiology, Inc.	01/03/20	44.80
Regional Health	01/07/20	292.40
Radiology, Inc.	01/13/20	249.12
Dr. Shaila Gupta	01/21/20	428.00
LaPorte Hospital	01/23/20	3,252.72
Regional Health	01/28/20	292.40
La Porte Physician Network - Dr. Conn	01/30/20	114.00
P.T. @Community Hospital	02/01/20	852.00
Regional Health	02/12/20	292.40
Regional Health	02/20/20	292.40
Dr. Shaila Gupta	03/03/20	206.00
Dr. Shaila Gupta	03/03/20	204.00
Regional Health	03/10/20	392.40
Dr. Shaila Gupta	03/10/20	440.00
Community Hospital - diagnostics	03/10/20	7,006.00
P.T. @Community Hospital	03/20/20	1,287.00

20,989.60 TOTAL

Accounts	DC N/ND case 2:21-000354-TLS-JEMMY	document 1 od 1 led 11/10/21	page 92 of 120
	Roula Xidias	03/26/20	04/15/20

Date	Describtion	Ohenges Parotypica Uhi	Water	Charles	Britanise
Vied on 11/5/2 11/05/2010	018 with COVELLO, LECNARD V - Patient XIDIAS, ROU REMOVAL IMPACTED GERUMEN INSTRUMENTATION UNILAT Insurance Payment - Ambetter Mhs		109 00	(0.001	نامه د
S. Williams	Totale:		109,00	(0.00)	0.00
Vielt on 3/3/20 03/03/2020	20 with GUPTA, SHAILA B - Patient XIDIAS, ROULA MOTOR & SENS 9-10 NRV CNDJ PRECONF ELTRODE LIMB	Shaila B Gupta, DO	204,00		184.58
03/03/2020	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	Shaila B Gupta, DO	206,00		113.23
	Insurance Payment - Ambatter Mhs Insurance Adjustment - Ambatter Mhs			(0.00) (132.19)	
	Totale:		410.00	(132.19)	277.81
/leit on 2/10/2 03/10/2020 03/10/2020	OZO WITH GUPTA, SHAILA B - PATIENT XIDIAS, ROULA MOTOR ASENS 11-12 NRV CNDJ PRECONF EL TRODE LIMB NEEDLE EMG EA EXTREMTY W/PARASPINL AREA DOMPLETE	Shaila B Gupta, DO Shaila B Gupta, DO	234.00		2.00
	Totale:		440,00	(0.00)	0.00
	Current Balance Due:		4/06/25	Che# 5602	277,81 100. K
ESSAGES:		BEE COVAYOUR ELLE	Irline: www	West filler enter	HE

MESSAGES: If you have questions regarding your statement, please call 1-866-365-7620.

Pay Your Ell Online	9; Y	MANAG		s.org	
Total Balance	*		,	\$277.81	
Payment Plan Amount			1	\$0.00	
Non Payment Plan Amoun	ıŧ			\$277 81	
		ونالس			

PAY THIS AMOUNT: \$277.81

USDC I	N/ND case	2:21-cv-0	03 54 ,TLS-JE	M _{ici} docum <u>e</u>	nt 1	ed 11/10/21	pag e		
. 1		90834 PS	YTX W PT 45 MINUT	ES \$2	92.40	\$0.00 \$37.91			\$24
Roule					92 40	\$0.00			\$62
Roule		90834 PS	YTX W PT 45 MINUT	ES \$2	92 40	\$0.00	\$230 31		\$62
Rouis	Bolm				92 40	\$0.00	\$296.96	\$0.00	\$93
atient bala	nce is more tha	n 30 days pa	ast due! Please pa	y as soon as po	eldise.				
0.00									
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2									
RENT	30-8p DAYS	60-90 DAYS					DUE		
3.44	\$148.36	\$0.00	\$0.00	\$0.00		\$241.80 ,		14,14,1160	U .
	Roula Roula Roula Roula atient balas	Reula Boin Boin Roula Boin Boin Boin Boin Boin Boin Boin Boin	Reuta Boin 90834 PS PS PS PS PS PS PS PS PS PS PS PS PS	Reula Bolin 90834 PSYTX W PT 45 MINUTI 90834 PSYTX W PT 45 MINUTI 90834 PSYTX W PT 45 MINUTI 90837 PSYTX W PT 60 MINUTI PSYTX W PT 60 M	Roule Solin 90834 PSYTX W PT 45 MINUTES \$2 Roule Boin 90834 PSYTX W PT 45 MINUTES \$2 Roule Boin 90837 PSYTX W PT 60 MINUTES \$3 Roule Boin 90837 PSYTX W PT 60 MINUTES \$3 atient balance is more than 30 days past duel Please pay as soon as power than 30 days pay as duel Please pay as soon as power than 30 days pay as duel Please pay as soon as power than 30 days pay as duel Please pay as soon as power than 30 days pay as duel Please pay as soon as power than 30 days pay as duel Please pay as soon as power than 30 days pay as duel Please pay as soon as power than 30 days pay as duel Please pay as duel Please pay as duel Please pay as duel Please pay as duel Please	Roula Bolin 90834 PSYTX W PT 45 MINUTES \$292.40 PSYTX W PT 45 MINUTES \$292.40 PSYTX W PT 45 MINUTES \$292.40 PSYTX W PT 45 MINUTES \$292.40 PSYTX W PT 45 MINUTES \$292.40 PSYTX W PT 46 MINUTES \$292.40 PSYTX W PT 60 MINUTES \$392.40 PSYTX W PT 60 MINU	Roula Bolin 90834 PSYTX W PT 45 MINUTES \$292.40 \$0.00 \$37.91 Roula Bolin 90834 PSYTX W PT 45 MINUTES \$292.40 \$0.00 Roula Bolin 90834 PSYTX W PT 45 MINUTES \$292.40 \$0.00 Roula Bolin 90837 PSYTX W PT 60 MINUTES \$382.40 \$0.00 Roula Bolin 90837 PSYTX W PT 60 MINUTES \$382.40 \$0.00 Roula Bolin 90837 PSYTX W PT 60 MINUTES \$382.40 \$0.00 Roula Bolin 90837 PSYTX W PT 60 MINUTES \$382.40 \$0.00 Roula Bolin 90837 PSYTX W PT 60 MINUTES \$382.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula Bolin 90834 PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula PSYTX W PT 60 MINUTES \$282.40 \$0.00 Roula PSYTX W PT 60 MINUTES \$282.40 Roula PSYTX W	Roula	Roule Bolin 90834 PSYTX W PT 45 MINUTES \$292.40 \$0.00 \$230.31 \$0.00 Roule Bolin 90834 PSYTX W PT 46 MINUTES \$292.40 \$0.00 \$230.31 \$0.00 Roule Bolin 90834 PSYTX W PT 45 MINUTES \$292.40 \$0.00 \$230.31

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

5/12/20 141.80

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

DATE 1/07/20 1/28/20 1/28/20 2/12/20 2/20/20	Rouls Rouls	1	Bolin Bolin		PSYTX W PT 45 MINUT	EE A	No. of Concession, Name of Street, or other					
2/12/20 2/20/20	Roula	1	Bolin				292.40	\$0.00		\$230.31	\$0.00	\$62.01
2/20/20					PSYTX W PT 45 MINUT		292.40	\$0.00		\$230.31	\$0.00	\$62.01 \$62.01
	Roula		Esoim		PSYTX W PT 45 MINU		292 40	\$0.00		\$230 31 \$230 31	\$0.00	\$62.09
ayment			Bolin	90834 f	PSYTX W PT 45 MINUT	E8 3	292 40	\$0.00		9230.01	\$0.00	ψ02. U:
	is du	e upon n	eceipt. Than	k you.								
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		00.00	DAYS SC	3-90 DAY	'S 90-120 DAYS	OVER 120 DAYS	S TOTA	L ACCOUR	IT BALANC		EROME	/ C.1 - 3.5
\$248			0.00	\$0.00	\$0.00	\$0.00		\$248			\$248.3	

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

Cugarder Aumber	e 2:21-CV-00354-TLS-JEM	Statement Date	Due Date
Guald'SDC IN/ND cas		05/17/20	21 page 95 of 120 06/06/20
1	Roula Xidias	US/17/20	00/00/20

Account	Rouls Xidias - COMMUNITY HOSPITAL - Outpatient - AMBETTER	S MITIS -		
82/17/20	PHYSICAL THERAPY - GENERAL CLASSIFICATION	\$852.00	\$0.00	
10	Insurance Payments		-3433 44	el manuel
02/29/20	Insurance Adjustments		-9400 44	0440 50
	Your Responsibility			\$418.56
Account	Roule Xidias - COMMUNITY HOSPITAL - Outpetient - AMBETTE	R MAIS -		,
03/02/20	PHYSICAL THERAPY - GENERAL CLASSIFICATION	\$1,287 00		
10	Insurance Payments .		\$0.00	
03/31/20	Insurance Adjustments		-\$868 58	4040 44
	Your Responsibility			\$618,42
Account	Roule Xidies - COMMUNITY HOSPITAL - Outpetient - AMBETTE	R MHS -	-	
03/03/20	OTHER DIAGNOSTIC SERVICES - GENERAL CLASSIFICATION	\$7,096.00	200 00	
to	Insurance Payments		50 00	
03/04/20	ineurance Adjustments		-88,028-90	4
	Papent Payments		*EXPORTO	14 - 1 15 4 - 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

COVID-19 Update

Community Healthcare System is dedicated to providing for the healthcare of the communities we serve if your employment situation has changed, please contact our office to discuss any changes you need to make. Per CDC guidelines, we are restricting in-person visits for document collection and payments. Charity documents can be mailed or faxed to us. Payments can be made online or by phone. Please contact us with any questions you may have.

Making payments without a formal payment arrangement on all accounts will not stop our collection process. Please contact our office to set up a payment plan.

If your personal information has changed or you are sending in a credit card payment, please till out the information on the back of statement.

Any communications concerning a dispute of any payments for less than the full account balance which are tendered in full satisfaction of the account must be sent to: Patient Financial Services PO Box 3604 Muneter IN 46321.

For more information regarding our Helping Hand financial assistance program, please refer to the back of this statement.

Pay Your Bill Onl	ije, edilik	C 6
Total Current Balance	er gestere for gester	\$2,802.38
Payment Plan Amount Non Payment Plan Amount		\$0.00 \$2,802.3B

\$2,802.38 \$/\$6/20 \$50.00 \$2,602.38

F. Judetach and return top portion with payment.

Statement Number	case 2:21-cy-00354-TLS-JEM	documentstat-filed:11/10/21	pag e96of1 20
Ausgest-knikelering de som knikelikeliterergeperne, avsålgeritättet absolgerer de Aufderfalt still svermann	ROULA XIDIAS	04/27/2020	05/18/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (01/30/20) ROULA XIDIAS Provider CONN, CHRISTOPHER ADAM MD			
01/30/2020 04/21/2020 04/21/2020	99212 OFFICE/OUTPATIENT VISIT EST Commercial insurance payment Contractual Allowance Adjustment Patient Balance	\$114.00	\$0.00 -\$51 55	\$62.4
	Thank you for letting La Porte Physician Network provide your medical needs. Your insurance has been processed and the remaining balance is the patient's responsibility. If you have questions, need to arrange a payment plan, please call 844-576-4328.		5/01/	20
			2	

AMOUNT DUE:

\$62,45

21-11- About - Describle Tooks Disminion Notwork | DO Roy 74008602| Chicago II 60674-8602 | 844-576-4328

Please detach and return top portion with payment.

USDC IN/ND Ca	ase 2:21-cv-00354-TLS-JEM	docum	ent 15tafiled 11/10 /21	page 97-of-12 0
and the second s	ROULA XIDIAS		01/25/2020	02/15/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (12/12/19) ROULA XIDIAS Provider: CONN, CHRISTOPHER ADAM W	fD		
12/12/2019 12/24/2019 12/24/2019	99212 OFFICE/OUTPATIENT VISIT EST Commercial insurance payment Contractual Allowance Adjustment Patient Balance	\$114.00	\$0.00 -\$51.55	\$62 <u>.4</u>
	La Porte Physician Network has not received payment. To set up an approved payment plan, for information about a financial assistance program, or if you have questions about your bill, please call the number above.			
			P8 1/20	
		(On	02/07/20	

Total Charges: \$114.00 Insurance Payments/Adjustments: \$51.55 Patient Payments/Adjustments: \$0.00

Account Number	Guarantor Name ND case 2:21-cv-00354-TLS-JE	myEasyMatch Code	Statement Date	Due Date
USDC IN	/ND case 2:21-cv-00354-TLS-JE	M document 1	filed 11/10/21	page 98 of 120
	Roula Xidias	3	04/26/20	05/16/20

APAID att	Provider	C) (E) (CE	off delites	Ealance
Visit on 1/21/2020 with GUPTA, SHAILA B - Patient XIDIAS, ROULI 01/21/2020 OFFICE OR OUTPATIENT VISIT Insurance Payment - Ambetter Mhs Insurance Adjustment - Ambetter Mhs Patient Payment/Adjustment	Shalla B Gupta, DO	428.00	(0.00) (181,14) (200,00)	46.06
Totals: Current Balance Due:	7-1-1-1	428.00	(381.14)	46.86

1/01 ADR 05/04/20

MESSAGES:

Your account is seriously past due! Please remit payment of the patient balance today! If you have questions regarding your statement, please call 1-866-365-7620.



				917							
DATE	USDC:IN/N	D _r case,2:	21-cv	/-003 54₆TLS -JE	M _{CE} docu	ment 1	filed 1	1/10/21	Apage	99 of 1	20 _{AT BAI}
/16/19	Roula	Leahy	90791	NTAKE EVAL NO MED	IGAL.	\$402.40			\$277.16	\$0.00	\$125.2
i ymenj	t is due upon n	i eceipt. Thani	i you.		i a	Î		i i		i i	
										720	
								1/0	020	100	
								,			
										The second second	
CURR	ENT 30-60	DAYS 60	90 DAY	S 90-120 DAYS	OVER 120 DA	YS TOTA	L ACCOUR	IT BALANCI	到活	FROM PA	WEN.

For Questione Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH · 8400 LOUISIANA STREET · MERRILLVILLE, IN 46410-6385

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 100 of 120

809 State St., Suite 301A LA PORTE, IN 46350 (219) 326-6806 (219) 325-5566

Patient Name: Roula Xidias

Patient Number:

Call Number:

Date Of Call: 11/11/2019

From Location: 3883N HWY 35

om Location: 3883N HWY 35
To Location: La Porte Hospital

Roula Xidias

9455 Parkway Dr. HIGHLAND, IN 46322

Insuranc

DESCRIPTION OF CHARGES
Advanced Life Support
Ambulance Mileage Charge
PUBLIC OUTREACH FEE

HCPC	QUANTITY	UNIT PRICE	AMOUNT
A0427	1.0	859.00	859.00
A0425	4.5	12.00	54.00
A0999	1.0	2.00	2.00

Total Charges

915.00

Total Credits
PLEASE PAY THIS AMOUNT =>

0.00 \$915.00

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT

Patient Name: Xidias, Roula

Patient Number:

Call Number:

Amount Due: \$915.00

Amount

Current Date: 04/14/2020

Enclosed \$ ____

This account is now due. This involce is for ambulance service provided to you. Please send your payment now or contact our office. THANK YOU.

USDC IN/ND case 2:21-cv-00354-TL Have questions about your bill?

IS-JEM document 1 filed 11/10/21 page 101 of 120

PATIENT SERVICES

BILL SUMMARY

Call us 888-703-3301

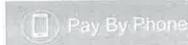
Payment Due

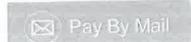
Your insurance has been hilled. Your balance is below.

Please Lev:

\$2,089.00







Visit: embcc.com or scan this code from vour smartphone.



Call customer service to make a payment or set up a payment plan. 888-703-3301

Detach payment coupon and submit with a check or credit card information.

Our healthcare physicians and advanced practice providers are independent of the facility and bill separately for their services. This is not a balance bill. If you have insurance, this amount reflects your balance due after your insurance payment was applied, including any deductibles and copayments that are your responsibility.

This is a Bill for Services Provided by our Healthcare Providers at LA PORTE HOSPITAL

The mark the state of the state

SELF PAY NO INS

CHARGES SUMMERY

11/11/2019

Emergency Provider Charge....

02/05/2020

Invoice Balance

\$2,089.00 \$2,089.00



DO NOT mail payments or correspondence to this address 165 Caprice Ct Castle Rock, CO 80109

Has your insurance or patient intermation obenged? Please check the true and inchaste any changes on the severe site.

> XIDIAS.ROULA 9455 PARKWAY DR HIGHLAND, IN 46322-2335

Responsible Party X	DIAS,ROULA	Account Number	
	THE COLUMN	DECOVE	Huş 🔳
Card Number		Name on Card	
Bignature		Exp Date	Zip Coda
	STATEMENT DATE	DUE DATE	AMOUNT ENCLOS
\$2,089.00	02/05/2020	Due Now	

include your account number on checks payable to:

NORTH INDIANA EMERG PHYSICIANS LLP PO BOX 731584 DALLAS, TX 75373-1584

USDC IN/ND case 2:21-cy-00354-TLS-JEM document 1 filed 11/10/21 page 102 of 120 RADIOLOGY INC 620 W. EDISON

620 W. EDISON MISHAWAKA IN 465452784 574-258-1100

Patient:

Acct 4: XIDIAS, ROULA 9455 PARKWAY DR Highland, IN 46322

Responsible party: XIDIAS, ROULA 9455 PARKWAY DR Highland, IN 46322

Srvc. Date Modifier(s)	Procedure Description Diagnosis Code(s)	Location	Charge	Balance	Physician
11/11/2019 26 LT	73590 - X-Ray Exam of Lower Le M79.89	200 - LPT	\$41.13	\$12.11	BOSMAN, SUZAMNE ALLISON
Payment Infor Insurance Insurance	mation Payment: 11/29/2019 of \$0.00 Payment: 12/16/2019 of \$0.00	Adjustment: Adjustment:			
11/11/2019 76 26 RT	73590 - X-Ray Exam of Lower Le M79.89	200 - LPT	\$41.13	\$12.11	BOSNAM, SUBANNE ALLISON
	mation Payment: 11/29/2019 of \$0.00 Payment: 12/16/2019 of \$0.00	Adjustment: Adjustment:	\$29.02 AM Bo \$0	stter	
11/11/2019 26	70450 - CAT Scan of Head/Brain 809.90XA	200 - LPT	\$200.53	\$0.00	AHRAD, IRFAN
Insurance	mation Psyment: 11/29/2019 of \$0.00 Payment: 12/23/2019 of \$170.45 Payment: 01/13/2020 of \$0.00	Adjustment: Adjustment: Adjustment:	t: \$30.08 Er:	ie Insurance	
11/11/2019 26	72125 - CAT Scan of Neck Spine 819.9XXA	200 - LPT	\$272.51	\$0.00	ARRAD, IRFAN
Insurance	mation Payment: 11/29/2019 of \$0.00 Payment: 12/23/2019 of \$231.63 Payment: 01/13/2020 of \$0.00	Adjustment: Adjustment Adjustment:	t: \$40.68 Eri	le Insurance	
11/11/2019 26	72129 - Contrast CAT Scan of T 839.92XA	200 - LPT	\$287.94	\$94.08	BOSMAN, SUZANNE ALLISON
	mation Payment: 11/29/2019 of \$0.00 Payment: 12/16/2019 of \$0.00	Adjustment: Adjustment:	\$203.86 AM 1 \$0	Setter	
11/11/2019 26	72132 - Contrast CAT Scan of L 839.92XA	200 - LPT	\$286,22	\$0.00	PILLAI, KRISHNA R
Insurance Insurance	mation Payment: 11/29/2019 of \$0.00 Payment: 12/30/2019 of \$243.29 Payment: 01/13/2020 of \$0.00 Payment: 01/13/2020 of \$0.00	Adjustment:	t: \$0 Erie Ir		
11/11/2019 26	74177 - Ct Abd & Pelvis With C 839.91XA	200 - LPT	\$479.19	\$0.00	AMMAD, IRFAN
Insurance	mation Payment: 11/29/2019 of \$0.00 Payment: 12/23/2019 of \$407.31 Fayment: 01/13/2020 of \$0.00	Adjustmen	t: \$71.88 Eri	ie Insurance	
11/11/2019 26	71260 - Contrast CAT Scan of C S22.41XA	200 - LPT	\$293.08	\$0.00	BOSMAN, SUZANNE ALLISON

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 103 of 120

Insurance Payment: 12/18/2019 of \$0.00 Adjustment: \$0 Insurance Payment: C1/16/2020 of \$249.12 Adjustment: \$43.96 Insurance Payment: 01/22/2020 of \$0.00 Adjustment: \$0

11/19/2019 71046 - Radiologic examination 200 - LPT \$52.70 \$0.00 Bosnan, Suzanne Allison R07.89

Payment Information Insurance Payment: 12/11/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/08/2020 of \$44.80 Adjustment: \$7.90
Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0

> TOTAL BALANCE: \$108.30 Print Date: 02/26/2020



ECG Payment Log Exposure: MedPay

Pald: \$5,000

Claimant: ROULA XIDIAS

$\eta_{1,\Phi}(\eta)(d(t))$	9(10)=1 (10)=1):(1	Common Re	10 pc (2200)	High with the state of	Solv.	7590	Stern Stopper	Fr 2- 07 (0) 87 (64)	21.17	debe Sp.
	1/23/20	LA PORTE HORPITAL	ANGELO XIDIAS	Madical Payments	\$3,252.72			ROULA XIDIAS	11/11/18	11/13/18
	12/18/19 /	RADIOLOGY INC.	ANGELO XIDIAB	Medical Psyments	\$809.36	*.		ROULA XIDIAB	15/11/18	11/11/19
	12/24/19 📆	RADIOLOSY INC.	ANGELO XIDIAB	Medical Payments	\$249.29	a .		ROULA XIDIAS	11/11/19	11/11/19
	12/30/19 3	LA PORTE HOSPITAL	ANGELO XIDIAE	Medical Payments	1400,85			ROULA XIDIAS	11/10/19	11/18/19
	1/9/20	RADIOLOGY INC.	ANGELD XIDIAS	Medical Paymonts	\$44.00			ROULA XIBIAS	11/19/19	11/13/19
	1/19/20 5	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$240.12	80,00		ROULA XIDIAS	11/11/19	10/11/16

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 105 of 120

MEDICAL BILL SUMMARY FOR ANGELO XIDIAS

Provider	Date of Invoice	Amount
La Porte Clinic Company LLC	11/11/19	565.00
La Porte EMS	11/11/19	654.00
La Porte Hospital	11/11/19	24,363.51
La Porte Physician Joseph Venditi, MD	11/11/19	300.00
Lake Porter Cardivascular	11/11/19	179.03
Radiology Inc.	11/11/19	402.08
Radiology Inc.	11/11/19	249.12
Radiology Inc.	11/11/19	479.84
		27,192.58 TOTAL

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 Siled 11/10/21 page 106 of 120

809 State St., Suite 301A **LA PORTE, IN 46350** (219) 326-6808 (219) 325-5566

Patient Name: Angelo Xidias

Patient Number:

Call Number:

Date Of Call: 11/11/2019

From Location: 3883 N. US Hwy 35

To Location: La Porte Hospital

Angelo Xidias 9455 Parkway Dr. HIGHLAND, IN 46322

Insurance:

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
Basic Life Support	A0429	1.0	598.00	598.00
BLS Mileage	A0425	4.5	12.00	54.00
PUBLIC OUTREACH FEE	A0999	1.0	2.00	2.00

Total Charges

654.00

Total Credits PLEASE PAY THIS AMOUNT =>

0.00 \$654.00

*DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENTA

Patient Name: Xidias, Angelo

Call Number:

Amount Due: \$654.00

Amount

Enclosed \$

Patient Number:

Current Date: 01/06/2020

THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT. > PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE DISREGARD THIS STATEMENT. THANK YOU.

USD@MM/NDTcase 2121=cV=000354-TLS-JEM document 1 filed 11/10/21 page 107 of 120

1			Ĺ
i	Report Settings		
	Appount:	XIDIAS,ANGELO [267925]	
	Bubmission information		
	Uppr:		ı
	Time:	Which Feb 5, 2020 12:36 PM	l

	The state of the s		The Authorities of the Control of th		
N/	Transaction information				
			Service Date From	Service Date To	Total Amount
45.07	Chambie		11/01/2019	12/31/2019	300.00
_ " _	Charges		Service Provider	Darke	Amount
TXE	Procedure		Sikains Lidainer		
			A N. A. A. A. A. A. A. A. A. A. A. A. A. A.	11/11/2019	300.00
1	99223-PR INITIAL HOSP	TAL CARE/DAY 70 MIN	Joseph Vanditt, MD (19	11/1132018	179.08
	(Minds): Pret) 2	SOUD IN BURLEWAYNCE PRYMERLY (I		12/26/2019	120.07
	(Match Adi) 2	2008-P WRITE-CIFF (MEURANGE			179,03
Pi	ermonts		Metched to cha	7	
A	diustments		mic of barietald	ig 0.5	120.07

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 108 of 120

IN La Porte Hospital

Itemized Statement Of All Charges 02/20/20

FACIL NO.

Pattent Name	Patient Number	Date Of Bieth	de Registration Date Discharge Dete		
XIDIAS, ANGELO		07/12/49	11/11/2019	11/13/19	

Cuarantor Name And Address

XIDIAS, ANGELO 9455 PARKWAY DR

Highland

IN 463222335

liisurance Company, Name	Group Number	Policy Number	
Misc Auto Liability			
MEDICARE IN			

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/13/2019	0206	ROOM/BED: Telem	1.00	2144.38	2144.38
11/12/2019	0206	ROOM/BED: Telem	1.00	2144.38	2144:38
		Total Charge Amount			4288.76
11/12/2019	0250	docusate 100 mg Cap	1.00	1.00	1.00
11/13/2019	0250	docusate 100 mg Cap	1.00	1.00	1,00
11/11/2019	0250	morphine 2 mg/l mL Soln-Inj	1.00	58.73	58.73
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1,00	3.57	3.57
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	2.00	3.57	7.14
11./13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	pantoprazole 40 mg Powder-Inj	1.00	58.73	58.73
11/13/2019	0250	pantoprazole 40 mg Powder-Inj	1.00	58.73	58.73
		Total Charge Amount			210.32
11/11/2019	0255	LOCM 300-399MG/ML ML	75.00	3.18	238.50
		Total Charge Amount			238.50
11/11/2019	02.58	dextrose 5% with 0.45% NaCl Soln-IV; 1000	1.00	221.95	221.95
11/12/2019	0258	dextrose 5% with 0.45% NaCl Soln-IV; 1000	1.00	221.95	221.95
		Total Charge Amount			443.90
11/12/2019	0300	COLLECTION: Venous Draw Chg	1.00	36.04	36.04
11/11/2019	0300	COLLECTION: Venous Draw Chg	1.00	36.04	36.04
		Total Charge Amount			72.08
11/11/2019	0301	Amylase Blood	1.00	178.08	178.08
11/11/2019	0301	CMP	1,00	288.32	288.32
11/12/2019	0301	CMP	1.00	288.32	288.32
11/11/2019	0301	Lipase Level	1.00	102.82	102.82

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

PATTENT SUSBIFIC

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

FOLM AMOUNT DUT

0.00

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 109 of 120

IN La Porte Hospital

Itemized Statement Of All Charges

02/20/20

PAGE NO 2

Patrent Same	Partient Number	Panno CY Phrain	Registration (m)	o Discharge Pate
XIDIAS, ANGELO		07/12/49	11/11/2019	11/13/19

Guarantor Address

XIDIAS, ANGELO 9455 PARKWAY DR

IN

Highland 463222335

gfiisurance, Companyr Name	Group Number	Policy Number	350
Misc Auto Liability		The state of the s	
MEDICARE IN			

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
				<i></i>	
L1/11/2019	0301	Troponin T Quant	1.00	272.00	272.00
11/12/2019	0301	Troponin T Quant	00.1	272.00	272.00
		Total Charge Amount			1401,54
11/11/2019	0305	Complete Blood Count w/Diff Auto	1.00	193.98	193.98
11/12/2019	0305.	Complete Blood Count w/Diff Auto	1.00	193.98	193.98
		Total Charge Amount			387.96
11/11/2019	0307	Yes - Perform Microscopic	1.00	122.96	122,96
		Total Charge Amount			122.96
14/11/2019	0320	XR Wrist Complete Min 3 V Left DR	1.00	312.70	312.70
		Total Charge Amount			312.70
11/11/2019	0324	XR Chest I V Portable DR	1.00	252.28	252.28
		Total Charge Amount			252.28
11/11/2019	0351	CT Head or Brain WO	1.00	2237.6ь	2237.66
		Total Charge Amount			2237.66
11/11/2019	0352	CT Abdemen Pelvis W	1.00	2517.50	2517.50
11/11/2019	0352	CT Chest W	1.00	2517.50	2517.50
11/11/2019	0352	CT Spine Cervical WO	1.00	2237.66	2237.66
		Total Charge Amount			7272.66
11/12/2019	0410	Chest Physiotherapy Charge: Initial	1.00	87:98	87.98
		Total Charge Amount			87.98
11/12/2019	0420	CH 0% impaired - FT Mobility Current Status	1.00	0.01	0.01
11/12/2019	0420	CH 0% impaired - PT Mobility Discharge Sta	1.00	0.01	0.01
11/12/2019	0420	CH 0% impaired - PT Mobility Goal Status G	1.00	0.01	0.01
		Total Charge Amount			0.03
11/12/2019	0424	PT EVAL LOW Unit - Yes	-1.00	469.58	469.58
		Total Charge Amount			469.58
11/12/2019	0430	CH 0% impaired	1.00	0.01	0.01
11/12/2019	0430	CH 0% impaired - OT Self-Care Discharge S	1,00	0.01	0.01

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND GORRESPONDENCE.

PATHENT STABLE

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

TOTAL AMOUNT bit. 0.00

EXHIBIT C

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 110 of 120

IN La Porte Hospital

Itemized Statement Of All Charges 02/20/20

F (6) No.

Parient Name	Partient Number	Date Of Birns	Registration Da	te Dischange Date
XIDIAS, ANGELO		07/12/49	11/11/2019	11/13/19

Guarantor Name And Address

XIDIAS, ANGELO 9455 PARKWAY DR

Highland

IN 463222335

Ansurance Contant Same	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/12/2019	0430	CH 0% impaired - OT Self-Care Goal Status	1.00	0.01	0.01
		Total Charge Amount			0.03
11/12/2019	0434	Yes - OT EVAL LOW Unit	1.00	469.58	469.58
		Total Charge Amount			469.58
11/11/2019	0450	96374 - IV Injection, single/initial	1.00	214.12	214.12
11/11/2019	0450	99285 - Level 5	1.00	2221.76	2221.76
		Total Charge Amount			2435.88
11/11/2019	0483	NI Echo TTE 2D Complete w Color Doppler	1.00	2326.69	2326.69
		Lotal Charge Amonat			2326.69
11/11/2019	0730	ED EKG Start Time	1.00	444.14	444.14
11/11/2019	0730	ED EKG Start Time	1.00	444.14	444.14
11/12/2019	0730	Electrocardiogram 12 Lead	1.00	444.14	444.14
		Total Charge Amount			1332.42
		SUMMARY OF CHA	ARGES		
		TOTAL CHARGES		24363.51	
		TOTAL PAYMENTS		-3124.93	
		TOTAL PATIENT PAYM	ENTS	0.00	
		TOTAL ADJUSTMENTS		-21238.58	3
		TOTAL AMOUNT DUE		0.00	
		BAD DEBT BALANCE		0.00	

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

PATH NI NUMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

TOTAL AMOUNT

0.00

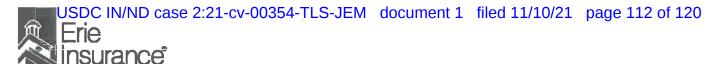


ECC Payment Log Exposure: MedPay

Claimant: ANGELO XIDIAS

Puld: \$5,000

Served William	*31* **********************************	Parish (Au	Hammay 1	25.4000	e William District Edwards	(80) (61) (1)	HI4H	100
	12/11/18	RACIDLOGY INC.	ANDELO WITHAS	Medical Payments	\$402.08 ÷	ANGELO XIDIAS	11/11/10	11/11/19
	12/(1/13	RADIOLOGY ING.	ANGELO XIDIAS	Medical Payments	\$348.52 \$0.00	ANGELO MOIAS	11/11/19	11/11/19
	entrict	RADIOLOGY ING.	ANGELO XIDIAS	Medical Pagements	\$678,01 ~	ANGELO XIDIAS	11/11/08	11/11/19
	12/16/19	LAKE PORTER CARDIVASCULAR	ANGELO XIDIAS	Medical Payments	817D.03	ANGELO MIDIAS	11/11/10	15/15/00
	12/27/19	LA PORTE GLINIC COMPANY ILG	ANGELO XIDIAS	Medical Payments	8585,00	ANGELO XIDIAS	11/11/10	11/15/18
	1/8/20	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Phylosophic	83,134,63	ANGELO XIDIAS	11/1/1/18	11/11/19



Branch Office • One Parkwood • 250 E. 96th Street • Suite 500 • Indianapolis, IN • 46240-3762 • 317.848.3420 • Toll free 1.800.624.1620 Fax 800.535.4691 • Mail Address: P.O. Box 80129 • Indianapolis, IN 46280-0129 • www.erieinsurance.com

Erie Insurance Group Total Loss Report

Claim # Loss Date: 11/11/19

Owner: Angelo Xidias Material Damage Adjuster: Velena Preston

Address: 9455 Parkway Dr Adjuster Phone #

Highland, IN 46322

Year: 2008 Make: HOND Model: RIDGELINE VIN#

Towing Charge: Daily Storage: Erie will pay storage until:

Salvage Bids if Owner Retained

Salvage Bidder: METRO (ART)Bid Date:12/10/2019Bid Amount:\$1,275.00Salvage Bidder: COPARTBid Date:12/10/2019Bid Amount:\$1,298.00

Highest Bid Amount: \$1,298.00

Settlement Details

Market Value \$7,706.00

Prior Damage

Other Adjustments \$200.00

 Actual Cash Value
 \$7,906.00

 Tax Type
 state

 % Tax
 7.000%

 Tax Amount
 \$553.42

State Fees \$24.50

Gross Settlement \$8,483.92

Deductible \$500.00 **Net Settlement** \$7,983.92

Settlement Adjustments

Total Amount Owed \$7,983.92

Date of This Report: 12/17/19

cc: File

Please contact your ERIE agent promptly to discuss state specific registration issues and coverage changes that might apply given the total loss of your vehicle.

20218 - LAPORTE MAIN MUFFLER Employee Statement of Wage All Bank Accounts January 1, 2019 - July 8, 2020 mgs Wi

		Hou	ins	. =	Earnings		119 - July 0, 20		olding Tax	96		Deductions	
Check #	Date	Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED Fe	deral W/H	State W/H	Local W/H	Amount	Net Pay
Work Loca	tion: Busin	ess Location											
Departme		COS ESCUCION											
2		XIDIAS, ANG	SELO D										
200505	01/02/19	40,0000	0.0000	1,000.00	0.00	1,000.00	62,00	14.50	65.92	31.06	14.42	0.00	812.10
200506	01/02/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200522	01/09/19	40.0000	0.0000	1,000,00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200523	01/09/19	0.0000	0.0000	563.07	0.00	563.07	34.91	8-16	0.00	0.00	0.00	0.00	520.00
200540	01/16/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14,42	0.00	812.10
200541	01/16/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200555	01/23/19	40.0000	0.0000	1,000.00	0,00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200556	01/23/19	0.0000	0.0000	227,40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200570	01/30/19	0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	0.00	0.00	0.00	210.00
200571	01/30/19	40.0000	0.0000	1,000 00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
МТО	01/31/20	200.0000	0.0000	6,472.65	0.00	6,472.65	0:00	0.00	0.00	155.30	72.10	0.00	5,420.50
200584	02/06/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200585	02/06/19	0.0000	0.0000	563.09	0.00	563.09	34.92	8.17	0.00	0.00	0.00	0.00	520.00
200599	02/13/19	40,0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200600	02/13/19	0.0000	0.0000	227.39	0.00	227.39	14.09	3.30	0.00	0.00	0.00	0.00	210.00
200614	02/20/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31,06	14.42	0.00	812.10
200615	02/20/19	0.0000	0.0000	227.39	0.00	227.39	14.10	3 29	0.00	0.00	0.00	0.00	210.00
200629	02/27/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200630	02/27/19	0.0000	0.0000	227,40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210,00
MTD	02/29/20	160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
200643	03/06/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65,92	31.06	14.42	0.00	812.10
200644	03/06/19	0.0000	0.0000	563.07	0.00	563.07	34.91	8.16	0.00	0.00	0.00	0.00	520.00
200658	03/13/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812 10
200659	03/13/19	0.0000	0.0000	227.40	0.00	227 40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200672	03/20/19	40 0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31,06	14.42	0.00	812.10
200673	03/20/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210 00
200686	03/27/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65 92	31.06	14 42	0.00	812.10
200687	03/27/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
MTD	03/31/20	160 0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
QTD	03/31/20	520.0000	0.0000	16,963.19	0.00	16,963.19	0.00	0.00	0.00	403.78	187.46	0.00	14,217.30
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20218 - LAPORTE MAIN MUFFLER Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

		Ноц	rs		Earnings		Withholding Taxes Deductions							
Check #	Date	Regular	Premium	Regular	Premlum	Gross	FICA-SS	FICA-MED F		State W/H	Local W/H	Amount	Net Pa	
										50000 01/11	DOGS 11/11	Allibant	14561.0	
200703	04/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65,92	31.06	14.42	0.00	812.1	
200704	04/03/19	0.0000	0.0000	227.39	0.00	227 39	14.10	3.29	0.00	0.00	0.00	0.00	210.0	
200716	04/10/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14,50	65.92	31.06	14.42	0.00	812.1	
200717	04/10/19	0.0000	0.0000	563.08	0.00	563.08	34.91	8.17	0.00	0.00	0.00	0.00	520.0	
200733	04/17/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.1	
200734	04/17/19	0.0000	0.0000	227,40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.0	
200747	04/24/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.1	
200748	04/24/19	0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	0.00	0.00	0.00	210.0	
MTD	04/30/20	160.0000	0.0000	5,245.25	0.00	5,245.25	0.00	0.00	0.00	124.24	57.68	0.00	4,398.4	
200761	05/01/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14,42	0.00	812.1	
200766	05/01/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.0	
200778	05/08/19	40.0000	0.0000	1,000 00	0.00	1,000.00	62.00	14.50	65 92	31.06	14.42	0.00	812.1	
200779	05/08/19	0.0000	0.0000	604.66	0.00	604.66	37.49	8.77	21.62	18 29	8.49	0.00	510.0	
200792	05/15/19	40.0000	0.0000	1,000.00	0.00	1.000.00	62 00	14.50	65.92	31,06	14.42	0.00	812.1	
200793	05/15/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.0	
200806	05/22/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.1	
200807	05/22/19	0.0000	0.0000	249.01	0.00	249.01	15.44	3.61	0.00	6.80	3.16	0.00	220.0	
200820	05/29/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.1	
200821	05/29/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2,99	0.00	210.0	
OTIV	05/31/20	200.0000	0.0000	6,566.46	0.00	6,566.46	0.00	0.00	0.00	199.68	92.72	0.00	5,420.5	
200834	06/05/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.1	
200835	06/05/19	0.0000	0.0000	237,60	0.00	237.60	14.74	3.44	0.00	6.43	2.99	0.00	210.0	
200853	06/12/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65 92	31.06	14.42	0.00	812.1	
00854	06/12/19	0.0000	0.0000	617.54	0.00	617.54	38,28	8.96	22.91	18.70	B.69	0.00	520.0	
200869	06/19/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65,92	31.06	14.42	0.00	812.1	
200870	06/19/19	0.0000	0.0000	237 59	0.00	237.59	14.73	3.44	0.00	6.43	2,99	0.00	210.0	
200887	06/26/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.1	
200888	06/26/19	0.0000	0.0000	617.55	0.00	617.55	38.29	8.96	22.91	18.70	8.69	0.00	520.0	
200902	06/28/19	0.0000	0.0000	10,832.57	0.00	10,832.57	671.62	157 07	1,322.58	344.51	159.99	0.00	8,176.8	
MD	06/30/20	160.0000	0.0000	16,542.85	0.00	16,542.85	0.00	0.00	0.00	519.01	241.03	0.00	12,885.20	
στο	06/30/20	520.0000	0.0000	28,354.56	0.00	28,354.56	0.00	0.00	0.00	842.93	391.43	0.00	22,704.10	
00913	07/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62,00	14.50	65.92	31.06	14.42	0.00	812.10	
00914	07/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10	
00915	07/03/19	40 0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10	
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20218 - LAPORTE MAIN MUFFLER Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

													Deductions		
Check #	Date	Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	Net Pay		
200923	07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00		
200924	07/03/19	0,0000	0,0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	21.0,00		
200925	07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00		
MTD	07/31/20	120 0000	0.0000	3,712.78	0.00	3,712.78	0.00	0.00	0.00	112.47	52.23	0.00	3,066.30		
200995	08/14/19	0.0000	0.000	335.69	0.00	335.69	20,82	4.87	0.00	0.00	0.00	0.00	310.00		
MTD	08/31/20	0.0000	0.0000	335.69	0.00	335.69	0.00	0.00	0.00	0.00	0.00	0.00	310.00		
201044	09/11/19	0.0000	0.0000	351.72	0.00	351.72	21.60	5.10	0.00	10.12	4.70	0.00	310.00		
OTM	09/30/20	0.0000	0.0000	351.72	0.00	351.72	0.00	0.00	0.00	10.12	4.70	0,00	310.00		
QΤD	09/30/20	120.0000	0.0000	4,400.19	0.00	4,400.19	0.00	0.00	0.00	122.59	56.93	0.00	3,686.30		
201096	10/09/19	0.0000	0.0000	283.25	0.00	283.25	17.56	4.11	0.00	7.91	3.67	0.00	250.00		
201105	10/16/19	0.0000	0.0000	283.25	0.00	283.25	17.57	4.10	0.00	7.91	3.67	0.00	250.00		
201116	10/23/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00		
201117	10/23/19	0.0000	0.0000	393 41	0.00	393.41	24,39	5 70	34.71	12.71	5.90	0.00	310.00		
201130	10/30/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00		
МТО	10/31/20	0.0000	0.0000	1,588.05	0.00	1,588.05	0.00	0.00	0.00	48,81	22.66	0.00	1,310.00		
201147	11/06/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00		
201159	11/13/19	0.0000	0.0000	314.06	0.00	314.06	19.48	4.54	25.19	10.14	4.71	0.00	250.00		
201160	11/13/19	0.0000	0.0000	393.42	0.00	393.42	24.39	5.71	34.71	12.71	5,90	0.00	310.00		
MID	11/30/20	0,0000	0.0000	1,021.55	0.00	1,021.55	0.00	0.00	0.00	32.99	15.32	0.00	810.00		
201241	12/18/19	0.0000	0.0000	4,019.59	0.00	4,019.59	249 22	58 29	21.96	129.83	60.29	0.00	3,500.00		
MTD	12/31/20	0.0000	0.0000	4,019.59	0.00	4,019.59	0.00	0.00	0.00	129.83	60.29	0.00	3,500.00		
OTG	12/31/20	0.0000	0.0000	6,629 19	0.00	6,629.19	0.00	0.00	0.00	211.63	98.27	0.00	5,620 00		
ďD	12/31/20	1,160.0000	0.0000	56,347.13	0.00	56,347.13	0.00	0.00	0.00	1,580.93	734.09	0.00	46,227.70		

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20218 - LAPORTE MAIN MUFFLER Employee Statement of Wage

All Bank Accounts January 1, 2019 - July 8, 2020

Company Totals									
	January	February	March	отр	April	Мау	June	QTD	
Regular Hours	200.0000	160 0000	160.0000	520.0000	160.0000	200,0000	160.0000	520.0000	
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Regular Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Gross Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542,85	28,354.56	
FICA-SS	401.30	325.21	325.21	1,051.72	325.20	407.12	1,025.66	1,757.98	
FICA-MED	93.85	76.06	76.06	245.97	76.05	95.22	239.87	411.14	
Federal W/H	329.60	263.68	263 68	856.96	263.68	351 22	1,632.08	2,246.98	
State W/H	1.55.30	124.24	124.24	403.78	124.24	199.68	519.01	842.93	
Local W/H	72.10	57.68	57.68	187.46	57.68	92.72	241.03	391.43	
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Net Pay	5,420.50	4,398.40	4,398.40	14,217.30	4,398 40	5,420.50	12,885 20	22,704.10	
	July	August	September	QTD	October	November	December	QTD	YTD
Regular Hours	120.0000	0.0000	0.0800	120.0000	0.0000	0.0000	0.0000	0.0000	1,160,0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0,0000
Regular Earnings	3,712.78	335.69	351.72	4,400,19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
Premium Earnings	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00
Gross Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
FICA-SS	230.19	20.82	21.80	272.81	98.46	63.34	249,22	411.02	3,493.53
FICA-MED	53.83	4.87	5.10	63.80	23.03	14.81	58.29	96.13	817.04
Federal W/H	197.76	0.00	0.00	197.76	85.09	85.09	21.96	192.14	3,493.84
State W/H	112.47	0.00	10.12	122.59	48.81	32.99	129.83	211.63	1,580.93
			4.70	EC 02	22.66	15.32	60.29	98.27	734.09
ocal W/H	52.23	0.00	4.70	56 93	22.00	44.34	00.23	90.2/	/ 271.03
ocal W/H Deductions	52.23 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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EXHIBIT Fage 4

10214 - LAPORTE APEX MUFFLER Employee Statement of Wage All Bank Accounts January 1, 2019 - July 8, 2020 mgs Win mlum Gross FICA-SS FICA-MED

							Deductions						
Check #	Date	Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED Fe		State W/H	Local W/H	Amount	Net Pay
Work Loc	ation: Rucin	ess Location											
Departme		CES LUCRCION											
- aparanc	3716.8												
27		XIDIAS, RO	JLA A										
115010	01/02/19	25 0000	0.0000	181 25	0.00	181.25	11,24	2.63	0.00	5.85	2.72	0.00	158.81
115033	01/09/19	25,0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115050	01/16/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
115070	01/23/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115088	01/30/19	25.0000	0.0000	181.25	0.00	161.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
										0.00	EI/ L	0.00	130,01
MTD	01/31/20	125.0000	0.0000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07
											25.00	0.00	751107
115109	02/06/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0,00	158.81
115127	02/13/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158,82
115149	02/20/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115167	02/27/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
MTD	02/29/20	100.0000	0.0000	725,00	0.00	725.00	0.00	0.00	0.00	23,40	10.88	0.00	635.26
115186	03/06/19	25.0000	0.0000	181.25	0.00	181,25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115201	03/13/19	25 0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
115223	03/20/19	25.0000	0.0000	181.25	0.00	181 25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115239	03/27/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
ATTO	00:04:00	***											
MTD	03/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25
OTO	02/24/20	225 2222											
QTD	03/31/20	325.0000	0.0000	2,356.25	0.00	2,356.25	0.00	0.00	0.00	76.05	35.36	0.00	2,064.58
115257	04/03/19	25.0000	0.0000	404.35	D 00	404.00							
15278	04/10/19	25 0000	0.0000	181.25 181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158,82
115297	04/17/19	25.0000	0.0000	181.25	0.00	181.25 181.25	11.23	2.63	0.00	5.85	2.72	0.00	158 82
15316	04/24/19	25,0000	0.0000	181.25			11.24	2.63	0.00	5.85	2.72	0.00	158.81
125520	442413	20.0000	0.0000	101.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
OTIV	04/30/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	20.40			
112	2 1/20/20	200.000	0.0000	723.00	0.00	743.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
15335	05/01/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.05	2	2.00	180.51
15353	05/08/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	156.61
15370	05/15/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.83
15388	05/22/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85 5.85	2.72	0.00	158.81
15409	05/29/19	25.0000	0.0000	181.25	0.00	181.25	11 24	2.63	0.00	5.85	2.72	0.00	158.81
					0.00	202-20	11.27	£.0.3	0.00	.3.63	2.72	0.00	158.81
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10214 - LAPORTE APEX MUFFLER Employee Statement of Wage

All Bank Accounts

-		Hou	irs		Earnings	sign areas & at a sign)19 - July 8, 20		halde =	-			
Check #	Date	Regular Premium		Regular			Withholding Taxe					Deductions	
		14094141	r tomain	Kegulai	Premium	Gross	FICA-SS	FICA-MED F	ederal W/H	State W/H	Local W/H	Amount	Net Pay
MTD	05/31/20	125.0000	0.0000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07
115427	06/05/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72		455.00
115444	06/12/19	25.0000	0.0000	181.25	0.00	181.25	11,24	2.63	0.00	5.85	2.72 2.72	0.00	158.82
115459	06/19/19	25.0000	0.0000	181.25	0.00	181.25	11,24	2.62	0.00	5.85	2.72	0.00	158.81
115474	06/26/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0,00	158.82
115484	06/28/19	0.0000	0.0000	4,958.56	0.00	4,958.56	307.43	71.90	444.69	160.16	74.38	0.00	158.81 3,900.00
MTD	06/30/20	100,0000	0.0000	5,683.56	0.00	5,683.56	0.00	0.00	0.00	183.56	85.26	0,00	4,535.26
QTD	06/30/20	325.0000	0.0000	7,314.81	0.00	7,314.81	0.00	0.00	0.00	236.21	109.74	0.00	5,964.59
115497	07/03/19	25.0000	0.0000	181.25	0.00	181.25	44.00	in etc					
115501	07/03/19	25,0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
115502	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24 11.24	2.63	0.00	5.85	2.72	0.00	158.81
115571	07/31/19	25.0000	0.0000	181.25	0.00	181.25		2.62	0.00	5.85	2.72	0.00	158.82
			210000	202750	0.00	101.23	11.24	2.63	0.00	5.85	2.72	0.00	158.81
OTM	07/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0,00	0,00	23.40	10.88.	0.00	635.26
115587	08/07/19	25.0000	0.0000	181,25	0.00	181,25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
L15605	08/14/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115622	08/21/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158 81
115639	08/28/19	25.0000	0.0000	181,25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
OTT	08/31/20	100,0000	0.0000	725,00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25
15656	09/04/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	é ED 00
15673	09/11/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158,83 158,81
15690	09/18/19	25:0000	0.0000	181.25	0.00	181,25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
15707	09/25/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
(ITD	09/30/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
QΤΩ	09/30/20	300.0000	0.0000	2,175.00	0.00	2,175.00	0.00	0.00	0.00	70.20	32.64	0.00	1,905.77
15724	10/02/19	25 0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	-C-60	D. 700		
15743	10/09/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2,62	0.00	5.85	2.72	0.00	158.82
15761	10/16/19	25 0000	0.0000	181.25	0.00	181.25	11,24		0.00	5.85	2.72	0.00	158.32
15775	10/23/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63 2.63	0.00	5.85	2.72	0.00	158.81
15796	10/30/19	25.0000	0.0000	181 25	0.00	181.25	11.23	2.63	10.82	5.85	2.72	0.00	147.99
15803	10/30/19	0.0000	0.0000	1,378.05	0.00	1,378.05	85.14	19.98	10.82 207.45	5,85 44,51	2.72 20.67	0.00 0.00	148.00 1,000.00
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10214 - LAPORTE APEX MUFFLER

Employee Statement of Wage

All Bank Accounts January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings			Withholding Taxes					Deductions	
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	Net Pay
MTD	10/31/20	125.0000	0.0000	2,284.30	0.00	2,284.30	0.00	0.00	0.00	73.76	34.27	0.00	1,772.44
115818 115836	11/06/19 11/13/19	25.0000 25.0000	0.0000 0.0000	181.25 181.25	0.00	181.25 181.25	11.24 11.24	2.63 2.63	10.82 10.82	5.85 5.85	2.72 2.72	0.00	147.99 147.99
MTD	11/30/20	50.0000	0.0000	362.50	00,00	362.50	0.00	0.00	0.00	11.70	5.44	0.00	295.98
115930	12/18/19	0.0000	0.0000	2,940.00	0.00	2,940.00	182.28	42.63	576.03	94 96	44.10	0.00	2,000.00
MTD	12/31/20	0.0000	0.0000	2,940.00	0.00	2,940.00	0.00	0.00	0.00	94.96	44.10	0.00	2,000.00
QTD	12/31/20	175 0000	0.0000	5,586.80	00,0	5,586.80	0.00	0.00	0.00	180.42	83.81	0,00	4,068,42
YTD	12/31/20	1,125.0000	0.000.0	17,432.86	0.00	17,432.86	0.00	0.00	0.00	562.88	261.55	0.00	14,003.36

Check count = 48

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10214 - LAPORTE APEX MUFFLER Employee Statement of Wage

All Bank Accounts January 1, 2019 - July 8, 2020

January February March QTD April May June Q Regular Hours 125.0000 100.0000 100.0000 325.0000 100.0000 125.0000 100.0000 325.000	D
	0
Premium Hours 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000	0
Regular Earnings 906.25 725.00 725.00 2,356.25 725.00 906.25 5,683.56 7,314	1
Premium Earnings 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0
Gross Earnings 906.25 725.00 725.00 2,356.25 725.00 906.25 5,683.56 7,314	1
FICA-SS 56.19 44.95 44.95 146.09 44.95 56.19 352.38 453	2
FICA-MED 13.14 10.51 10.52 34.17 10.51 13.14 82.41 106	6
Federal W/H 0.00 0.00 0.00 0.00 0.00 0.00 0.00 444.69 444	9
State W/H 29.25 23.40 23.40 76.05 23.40 29.25 1,83.56 236	1
tocal W/H 13.60 10.88 10.88 35.36 10.88 13.60 85.26 10.9	4
Deductions 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0
Net Pay 794.07 635.26 635.25 2,064.58 635.26 794.07 4,535.26 5,964	9
July August September QTD October November December Q	D YTE
Regular Hours 100,0000 100,0000 100,0000 300,0000 125,0000 50,0000 0,0000 175,000	0 1,125.0000
Premium Hours 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.000	0.000
Regular Earnings 725.00 725.00 725.00 2,175.00 2,284.30 362,50 2,940,00 5,586	0 17,432.80
Premium Earnings 6.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00
Gross Earnings 725.00 725.00 725.00 2,175.00 2,284.30 362.50 2,940.00 5,586	0 17,432.80
FICA-SS 44.95 44.95 44.95 134.85 141.62 22.48 182.28 346	
FICA-MED 10.51 10.52 10.51 31.54 33.12 5.26 42.63 81	
Federal W/H 0.00 0.00 0.00 0.00 229.09 21.64 576.03 826	6 1,271.49
State W/H 23.40 23.40 23.40 70.20 73.76 11.70 94.96 180	
Local W/H 10.88 10.88 10.88 32.64 34.27 5.44 44.10 83	1 261.59
Deductions 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00
Net Pay 635.26 635.25 635.25 1,905.77 1,772.44 295.98 2,000.00 4,068	

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